

Middlesex University Research Repository

An open access repository of

Middlesex University research

<http://eprints.mdx.ac.uk>

Lingayah, Siramloo (1995) The origins and development of social service positions in Mauritius.
PhD thesis, Middlesex University. [Thesis]

This version is available at: <https://eprints.mdx.ac.uk/13418/>

Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author's name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

eprints@mdx.ac.uk

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: <http://eprints.mdx.ac.uk/policies.html#copy>

Middlesex University Research Repository:

an open access repository of
Middlesex University research

<http://eprints.mdx.ac.uk>

Lingayah, Siramloo, 1995.
The origins and development of social service positions in Mauritius.
Available from Middlesex University's Research Repository.

Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this thesis/research project are retained by the author and/or other copyright owners. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge. Any use of the thesis/research project for private study or research must be properly acknowledged with reference to the work's full bibliographic details.

This thesis/research project may not be reproduced in any format or medium, or extensive quotations taken from it, or its content changed in any way, without first obtaining permission in writing from the copyright holder(s).

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:
eprints@mdx.ac.uk

The item will be removed from the repository while any claim is being investigated.

THE ORIGINS AND DEVELOPMENT OF SOCIAL SERVICE PROVISIONS
IN
MAURITIUS

Siramloo Lingayah

A Thesis submitted in partial fulfilment of the requirements
of
MIDDLESEX UNIVERSITY
for the Degree of Doctor of Philosophy

July 1995

SCHOOL OF SOCIAL WORK AND HEALTH SCIENCES, MIDDLESEX UNIVERSITY

(i)

DECLARATION

I hereby declare that while registered as a candidate for the degree for which submission is made I have not been registered candidate or enrolled student for another award of Middlesex University or other academic or professional institution during the research programme.

ABSTRACT

This is a 'client-oriented' study, initiated for the first time in Mauritius in the area of research in social welfare, aiming specifically at outdoor relief or public assistance, residential institutions, and health services. It is postulated that the service-users are the best judge of their needs. Thus, departing from the colonially inherited research methodologies and techniques by applying a down-up approach, 225 respondents, 25 from each of the 9 Districts in the island, were interviewed, using a combination of open-ended interview schedules, audio-tape, and observational techniques for data collection. Also interviewed were some key senior and junior members of staff from the relevant government departments, politicians, and the ordinary folks. Covert and observational processes were used in relation to some residential establishments and the psychiatric hospital because of the problems of access. The findings have shown that 98% of the recipients experience physical difficulties and 40% of this figure also have one or another form of mental illness. Other problems encountered by them include inadequate income, loneliness, alienation, the stigma attached to disabilities, and abuses and violence of all forms, bureaucratic, racist, physical, mental, verbal, and emotional, inflicted, in some cases, deliberately by the carers, relatives, or staff, and, in others', unconsciously. It was not an uncommon sight during fieldwork to witness recipients being strapped to cots or beds, locked out during the day, kept in specially built tin sheds, hidden inside the house, transferred to remote

(iii)

corners at the back of the house beyond the public's view, or administered overdose of medication to exercise control. Welfare support is principally confined to a pension much below subsistence level and some health care. 81% of the respondents receive these two services, but 19% of the sample population receive no welfare support at all, in spite of their disabilities and inability to support themselves. No less than an average of 86% of the respondents are dissatisfied with both the quantity and quality of services received, whilst, in the context of residential care, there is an impression of gratitude for the services. With the industrialization of the country, there is a corrosive impact on informal support in the family and in the community, which is resulting in a growing dependency culture and increasing reliance on the Welfare State across the socio-economic spectrum. 91% of the sample population believe that the government has a constitutional and moral duty to provide welfare assistance in time of need, thereby confronting the Mauritian society with difficult and complex issues, requiring honest and experienced leadership and determined and pragmatic political will to resolve.

ACKNOWLEDGEMENTS

For his unfailingly inspirational support and academic guidance, generously and patiently given throughout the four and a half years of supervision, with regard to this contextually challenging thesis, I wish to express my special thanks and gratitude to my first supervisor, Professor Tony Vass, Head of the School of Social Work and Health Sciences, Middlesex University. I am also indebted to my second supervisor, Professor Geoff Dench, Middlesex University, for his helpful advice and encouragement at the most crucial part of the final stage of this study.

Background information for this study was difficult to come by until I was referred to the Commonwealth Trust Library. I wish to express my appreciation to the helpful assistance of its librarians.

In Mauritius, I am most grateful to a number of senior and junior members of the staff in the health, welfare, and voluntary sectors, without whose cooperation and support this study would have been difficult, if not impossible, to carry out. However, to protect their identity for obvious reasons, in view of the intrinsically contentious nature of this survey, I have deliberately omitted mentioning their names.

I am also grateful to Mrs Ragobur, Senior Lecturer in Social Work Studies at the University of Mauritius, for an interview and discussion on social services at very short notice. The contribution made by the five social work

students in the discussions is very much appreciated.

For rescheduling previous appointments to accommodate me for an interview about social welfare in Mauritius, I wish to express my appreciation to Dr Navin Ramgoolam, Leader of the Mauritius Labour Party and the current Official Opposition Leader. The meeting with Sir Gaetan Duval, the Honorary President of the Parti Mauricien Social Démocrate, in London to discuss welfare issues is also appreciated.

I am equally appreciative of the recent meetings and discussions on social welfare with Mr B. Jomadar, a former Social Welfare Commissioner, the President of the Mauritius League of hospital Friends, Mr H. Deljore, the Honourable Dharmanand G. Fokeer, Minister of Social Security and National Solidarity, and the President of the Republic of Mauritius, Cassam Uteem.

The list of those who have helped in the relatively difficult task of completing this thesis is too long to acknowledge here.

However, I must extend my special 'Thank You' to the respondents, who, despite the trauma of their disabilities and other associated difficulties, readily agreed to be interviewed and to articulate their feelings so frankly and in such a trusting manner.

LIST OF TABLES

CONTENTS			PAGE
1.	Number and Sex of Respondents of Social Services		62
2.	Age Structure of all Welfare Respondents		63
3.	Status of all Respondents of Social Services		64
4.	Religions and Ethnicity of All Respondents of Social Services		64-65
5.	Multiplicity of Unmet Needs		169-173
6.	Reasons for Complaint of Inadequate pensions		181-190
7.	Problems of Stigma		197-202
8.	Forms of Abuse		208-210
9.	A Feeling of Rejection		213-216
10.	A Feeling of Powerlessness		218-222
11.	Expressions of Solidarity by Welfare Recipients		226-228
12.	Nature of Welfare Provisions Received		233-234
13.	Nature of Difficulties and Welfare Support		243-245
14.	Responses of Welfare Recipients in Black River		275
15.	"	Flacq	276
16.	"	Grand Port	276
17.	"	Moka	277
18.	"	Pamplemousses	277
19.	"	Plaines Wilhems	278
20.	"	Port Louis	278
21.	"	Rivière du Rempart	279
22.	"	Savanne	279

(vii)

23. An Average Responses of Service Users	302
24. Expectations of Social Welfare	325
25. Reasons for Respondents' Expectations of Social Welfare	328-331
26. Entitlement to Welfare Services as of Rights	343
27. The 'No' and 'Don't Know' Respondents to Welfare Rights	349-350
28. Indicators of Dependency on Social Welfare	353-355

CONTENTS	PAGE
Declaration	i
Abstract	ii - iii
Acknowledgements	iv - v
List of Tables	vi - vii
 CHAPTER 1 SOCIAL SERVICES IN MAURITIUS:	 1 - 23
BACKGROUND TO THE STUDY	
The Scope of the Titmuss Survey	
A Synopsis of Titmuss Report and its Recommendations	
Criticisms of the Report	
Publication of Titmuss Report	
Publicity of the Report	
Impact on Reading Titmuss Report	
Choice of Topic and the Researcher's Backgrounds	
The Emergence of the Study	
Taking Side with Welfare Recipients	
 CHAPTER 2 AIMS, SCOPE, PERSPECTIVES, AND	 24 - 80
METHODS OF THE STUDY	
Emergence of an Affluent Mauritius	
The Problems of Affluence	
The Aims and the Scope of the Study	
Theoretical Frame of Reference	
Services far from Reflecting Needs	
Self-Determination of Welfare Recipients	
Reasons for using Client-Oriented	

Approach

Client-Oriented Studies: A Neglected
Area

The Nature of Social Welfare

The Colonial Legacy of Research Methods

Roots of Dependency Complex

Pitfalls in Inappropriate Research

Methods

A Methodological Departure from
Colonial Tradition

Approaches of Investigation Adopted

Methods of Investigation and analysis

The Respondents

Table 1: Number and Sex of Respondents
of Social Services

Table 2: Age Structure of all Welfare
Respondents

Table 3: Status of all Respondents of
Social Services

Table 4: Religions and Ethnicity of
all Respondents of Social Services

Sources of Referrals

Reasons for Involving a Female
Assistant

Methods of Data Collection

The Language of Interview: Creole

Number of Refusals

Supplementary Information

Residential Institutions and Problems
of Access

General Perception of Institutional
Care
Covert Observations
Methods of Access to Residential
Homes
The Health Services
Documentary Sources of Information
Other Sources of Information
Clarification Notes on Responses

CHAPTER 3 HISTORY OF SOCIAL SERVICES IN

81 - 142

MAURITIUS: AN OVERVIEW

Physical and Climatic Conditions
Discovery of Mauritius
The Colonization
The People
The Economy
The Politics
Social Services in Mauritius
Social Welfare under British Colonial
Rule
The New Status of the Poor Law
Department
Proposals for a Reformed System of
Social Services
Organizational Hierarchy
The Dilemma & Solution
Institutional Care
Ethnic Residential Care
The Failed Attempts to bring

Improvement
Health Services
Current Social Service Provisions
Outdoor Relief
The Range of Social Security Benefits
Non-Contributory State Benefits
Contributory State Benefits
Support under the Social Aid Act 1983
Medical Support
Appeal Tribunal
Other Nature of Welfare Support
Senior Citizens' Council
Residential Institutions
Probation and Aftercare Service
The Social Welfare Department
The Sugar Industry Labour Welfare Fund
The Mauritius Council of Social Service
Growing Influences of MACOSS
New Challenges
Research Interests
Other Welfare Organizations
Number of Recipients of Welfare
Benefits
Expenditure of the Department in 1991
Current Views on the Idea of Welfare
State
The Range of Social Welfare in
Mauritius

CHAPTER 4 PROBLEMS OF FIELDWORK IN MAURITIUS

143 - 164

Inadequate Information
The Multiplicity of Obstacles
Nature of Study and Problems of Access
More Access Problems in Residential
Care
Government's Lack of Interest in
Research
The Crisis
The Crucial Decision
The Findings of the Pilot Study
The Advantages
Academic and Professional Advantages
In Hindsight

**CHAPTER 5 THE PRESENTATION OF NEEDS BY
RECIPIENTS OF SOCIAL SERVICES**

165 - 232

Multiplicity of Problems
Analyses and Findings
Table 5: Multiplicity of Unmet Needs
Analyses and Findings
Service-Users' Struggle to Live
Table 6: Reasons for Complaint of
Inadequate Pensions
Analyses and Findings
Other Needs than Money
Other Difficulties
Stigma
Table 7: Problems of Stigma
Analyses and Findings

Ways of Self-Protection against

Prejudices Abuse

Abuse

Table 8: Forms of Abuse

Analyses and Findings

A Feeling of Abandonment

Table 9: A Feeling of Rejection

Analyses and Findings

A Feeling of Low Self-Esteem

Table 10: A Feeling of Powerlessness

Analyses and Findings

Solidarity among Welfare Recipients

Table 11: Expressions of Solidarity

by Welfare Recipients

Analyses and Findings

Summary of Findings

CHAPTER 6 THE NATURE OF ALLOCATED WELFARE

233 - 274

PROVISIONS

Table 12: Nature of Welfare Provisions

Received

Analyses and Findings

Limited Welfare Support

Table 13: Nature of Difficulties and

Welfare Support

Analyses and Findings

The Disabled without Welfare Support

Analyses and Findings

Residential Care

The Destitute

The Paid Residents
 Temporary Residents
 Inadequacy of Residential Provisions
 Analyses and Findings
 Welfare Recipients and Health Services
 The Mental Hospital
 Summary of Findings

**CHAPTER 7 RECIPIENTS' RESPONSES TO ALLOCATED
 WELFARE PROVISIONS**

275 - 322

Responses of Welfare Recipients to
 Social Services:

Table 14 in the District of Black
 River

Table 15 " Flacq

Table 16 " Grand Port

Table 17 " Moka

Table 18 " Pamplémousses

Table 19 " Plaines Wilhems

Table 20 " Port Louis

Table 21 " Rivière du Rempart

Table 22 " Savanne

Analyses and Findings

Reasons for Dissatisfaction

Analyses and Findings

Table 23: An Average Responses of
 Service Users

Summary of Answers for Dissatisfaction

Service-Users' Positive Responses

Reasons for Satisfaction

Very Satisfied
The 'Not Sure' Responses
Catalogue of Abuse
Analyses and Findings
Useful Materials for Service
Development
Summary of Findings

CHAPTER 8 RECIPIENTS' EXPECTATIONS OF WELFARE 323 - 358

PROVISIONS

Expectations of Social Services
Table 24: Expectations of Social
Welfare
Analyses and Findings
Table 25: Reasons for the Respondents'
Expectations of Social Welfare
Analyses and Findings
Constitutional Duty to Provide
Assistance
Moral Duty to Provide Assistance
The 'No' Expectation of Welfare
Provisions
The 'Don't Know' Responses
Other Influences on the Responses
A Citizen's Charter
Table 26: Entitlement to Welfare
Services as of Rights
Analyses and Findings
The Negative 'Yes'
Readiness to Challenge the Authority

The Negative Responses	
Table 27: The 'No' and 'Don't Know'	
Respondents to Welfare Rights	
Culture of Dependency	
Table 28: Indicators of Dependency	
on Social Welfare	
Further Evidence of Dependency	
Summary of Findings	

CHAPTER 9 SUMMARY OF THE STUDY, FINDINGS, SOCIAL 359 -388

POLICY IMPLICATIONS, AND CONCLUSIONS

The Findings	
Implications	
Culture of Dependency	
Economic Implications	
Political Implications	
Conclusions	

APPENDICES

APPENDIX A	Questionnaire for Recipients of Social Services	389 - 394
APPENDIX B	Summary of Responses to Recipients' Presenting Problems with English Translation	395 - 542
APPENDIX C	Residential Institutions with Comments	543 - 638
APPENDIX D	Views, Opinions, and Comments by Five Welfare Officers	639 - 667

BIBLIOGRAPHY

668 - 676

CHAPTER 1

SOCIAL SERVICES IN MAURITIUS: BACKGROUND TO THE STUDY

The idea of undertaking this research enterprise cannot but be described as unplanned, coincidental, instant, and even impulsive. It is not an exaggeration to say that it was motivated by a sudden burst of inspiration affected by a strong combined sense of anger, frustration, and outrage of what I read in the contents of the Titmuss Report (1960). During the period of 1987 and early 1990, I was on a Master's Degree Course at the University of Brunel, studying 'Public and Social Administration', focusing on 'Personal Care' from the standpoint of Social Work. Writing assignments was then an intensively demanding and competitive exercise at this university, as, I have no doubt, it is elsewhere in higher educational institutions of similar status. The mature part-time students on the course, with several years of work experience in senior or responsible positions, were locked in intensive competition, desperately and eagerly trying to emulate each other. I found myself caught up in this stimulatingly competitive and enriching environment during the whole of this period. To write interesting and impressive papers one needs good materials. In 1989, while searching through the bookshelves of the library of the University of Brunel for materials for my assignments, I came across a volume of Social Policies and Population Growth in Mauritius (1960). As indicated, coming across this book was unexpected and accidental. The original idea for the Titmuss's survey began to develop in September 1957, when a Committee of Ministers was appointed to deliberate on a feasibility study in respect of

developing a comprehensive and a sound system of Social Welfare in Mauritius. In a nutshell, the aim was to turn Mauritius into a Welfare State, with all the social security benefits and other welfare provisions, like in Britain. At the end of 1958 the Ministerial Committee recommended enthusiastically that a research project should be undertaken with a view to making Mauritius a Welfare State in the long run. Professor Titmuss, well-known and intimate friend to some leading Labour politicians in the island, was chosen and commissioned to conduct the advisory survey. Following the production of his Report, he was powerfully challenged and criticized by a few Opposition members for some aspects, particularly about his rigid view on family planning, of the study. In spite of his perhaps unintentionally anti-family stance, which is now showing its disastrous consequences in the breaking down of the great heritage of the Mauritian family system, many short-sighted politicians and influential individuals, either for short-term political gains or inability to foresee the resulting problems confronting the nation today, came vigorously and even slavishly to his defence. It was stated in the Legislative Council that his critics should be grateful, as in him the Government had succeeded in (Gayan, ed., 1990: p. 44)... "securing the advice of no less a person than Prof. Titmuss of Social Administration at the London School of Economics. We have indeed been fortunate to have a man of international repute to undertake a survey...". One could not expect any other than such subservient statements from men and women believing in the fallacy that the best idea could only come from the West or a Westerner (see Chapter 2

for detailed discussion). In September 1959, fieldwork began in earnest, starting with Dr Abel-Smith.

The Scope of the Titmuss Survey

The scope of the study was (Legislative Council Debates of 11.4.61):

"To advise the Government of Mauritius as to the provisions to be made for social security bearing in mind the resources of the territory and the needs of its people".

The Mauritius Labour Party was very ambitious. The mission was no less than making Mauritius a fully fledged Welfare State, like that in Britain, as soon as possible. The Minister of Labour and Social Security, Mr V. Ringadoo, who was one of the leading supporters of this study, envisaged its scope to be as extensive and as wide as follows (Gayan, ed., 1990: pp. 44-45:

"We have indeed been fortunate to have a man of international repute to undertake a survey which will not be limited to the field of unemployment but will extend beyond the limit of the field of social insurance to embrace all forms of social assistance existing or potentially desirable in Mauritius. The expert's survey will consider the establishment of a scheme to provide such things as sickness benefit,

medical treatment, unemployment benefits, old age and widows' pension etc. all these forming part of a wider edifice of social security which will embrace 'inter alia' public assistance, non-contributory old age pension, social welfare activities, maternity and child care services and services to particular classes such as blind persons and victims of poliomyelitis, etc."

The Titmuss Report, as it is popularly known, was published as Sessional Paper No.6 of 1960. It was one of the major studies, if not the only major survey, in the annals of social welfare in the island of Mauritius.

A Synopsis of Titmuss Report and its Recommendations

The Titmuss Report (1960) is a bulky, detailed, impressive and brave document, consisting of twelve chapters and the remaining pages contain the appendices and other important data. Chapter 1 focuses on the 'essential facts' about the people of Mauritius: that is, their history, their homes, their education, their employment, and their aspirations. Population growth is used as the theoretical fulcrums for the analysis and interpretation of the island's problems. Quoting the Luce Report (1958), this chapter shows that unemployment rose from 10,532 in 1953 to the socially disturbingly high figure of 35,203 in 1959. Poverty among the working classes was so insidious and wide-spread, the findings of the Titmuss Report illustrate, that a large proportion of labourers suffered from amnesia and existed on

inadequate diets. It was added that existing social services and other welfare arrangements, mainly originated from the Poor Laws, were inappropriate, inadequate, and ineffective and, as a result, incapable of helping the unemployed, as the criteria for assistance required the applicant to prove destitution or sickness certified by a doctor before help could be considered. They were regarded as out of date and obsolete. This chapter arrives at this Orwellian conclusion (p. 14):

"If nothing is done [about the population], and barring a catastrophic rise in mortality, the population will more than double by 1982 and may well reach the alarming figure of close on 3 million by the end of the century. Without drastic action, there will be further reductions in living standards and unemployment on a scale so large that no one in Mauritius will be able to question its existence. The administration of public assistance will break down under the strain and impossible burden will be thrown on the budget".

Chapter 2 gives an account of the nature of welfare provisions then available, in addition to other means of welfare support, in time of need. The Report justified a universal welfare system, arguing that, at one time or another, all classes of Mauritians might need help. In stressing on a universalistic approach of social welfare, Titmuss was also aiming at destigmatizing welfare provisions

and simultaneously raising standards of services by also incorporating the more articulated social classes in the scheme. In theory, this is an interesting idea worth trying, but, in practice, it is most difficult to implement.

Chapter 3 considers the demographic situation in Mauritius, drawing from previous demographic studies (Report of the Committee on Population (1953-54); Mauritius Central Statistics Office (1956); Brookfield (1957); and Meier (1959), etc. The analyses and interpretations of population statistics were very much of a Malthusian nature. The focus was distinctly on population outstripping resources for survival.

Chapter 4 examines the origins and developments of welfare provisions on the island, evolving from the 19th century under the English Poor Laws. Growing poverty and rising numbers of paupers resulted in the centralization of welfare provisions and the Protector of Immigrants undertaking the additional responsibility of administering relief for the poor. Subsequently a separate Poor Law Department, headed by the Labour Commissioner, was created under the the Poor Law Ordinance of 1902. Its welfare responsibilities were wide-ranging, covering indoor relief, such as workhouses and infirmaries, and outdoor relief, such as providing relief to the other categories of the poor and destitute. However, the Report added that the system of relief was as oppressive and cruel as it was in England (p. 69): " They [members of the 1909 Royal Commission] believed that unemployment was due to the indolence of the unemployed rather than economic

conditions. Settlers were to be 'punished as recalcitrant workhouse inmates in England in the event of their failing to work properly'. The study saw that it was not easy to eliminate abuses of the system. As a means of overcoming this problem, a systematically devised scheme of social insurance was recommended.

Chapter 5 reviews the earlier proposals of social insurance through official literature (i.e. Report of the Commission on Unrest on Sugar Estate in Mauritius of 1958). The Report argued that the support system in the community was disintegrating and, therefore, alternative arrangements should not only be seriously considered, but also be put in place. In view of the difficulties experienced by the unemployed, the disabled, the sick, and other underprivileged and deprived groups, the survey proposed an immediate introduction of social insurance in their favour.

Chapter 6, through a historical frame of reference, explores the roots of welfare provisions guaranteed by legislations for workers affected by 'Industrial Injuries and Diseases'. Legislation in this connection, it was discovered, went back as far as 1888. This legislation was another direct transplantation from Britain to the colonies. Finding flaws in existing statutes, the Report recommended that criteria for compensation be made similar to those of the U.K.'s National Insurance (Industrial Injuries) Act, 1948.

Chapter 7 traces welfare provisions concerning the family, i.e. marriage, maternity, children, bereavement, orphans,

and the victims of broken family life. The Report associated poverty and social problems with large families. It proposed that policies should be developed in order to encourage later marriages, to raise awareness among women, to promote a three-children family, and to influence the longer spacing of births of children. Family planning was recommended as the linchpins of the study's principal recommendations.

Chapter 8 critically examines the operational mechanisms of the Public Assistance Department. The Report found that it was not only flawed, but also unfair. The concept of 'normal' earning, upon which was based the system of public assistance, made no sense in the case of an applicant applying for relief on grounds of sickness but able to do 'light work', as certified by a doctor. Under the rule of normal earning, he would receive relief minusing what he could potentially earned. The term 'light work' was interpreted differently by the officials, in addition to the fact that it was hard to come by. It was an 'administrative fiction', the Report believed. The functioning of the Administration was also subjected to rigorous examination and several areas were found to be inefficient and ineffective. One of the recommendations was (p. 156): "It might prove of value to bring over to Mauritius on short assignment an experienced officer from the National Assistance Board in London so that the new regulations of the Department can be introduced after new training, and with a new sense of purpose in the discharge of important public duties".

Chapter 9 outlines the three tiers of medical services on the island, proposing substantial restructuring and radical changes. The survey, investigating medical services on the island as far back as the Report of the Royal Commission of 1909, found that conditions continued to be appalling until the 1940s. Hospital overcrowding, with two patients occupying one bed, apart from poor and inefficient services, were some of the unacceptable features of hospital treatment. These conditions are, unfortunately, still prevail. To illustrate the poor quality of medical services, the Titmuss study (p. 162) quoted this statement from Dr Balfour's 1921 Report: "In a new country one expects to find rough and ready conditions and many deficiencies but, in an old colony like Mauritius, it is distressing to find so much that is faulty and out-of-date". Of the several useful recommendations, raising (P. 183) 'ethical standards' of the medical profession was considered as urgent "...if the standard of medical care is not to deteriorate in the coming years". However, there appears to be no political will on the part of politicians or professional-pride in the medical profession to ensure high standards of medical care particularly to the poor and the sick among the labouring and semi-skilled Mauritians in the working class, who cannot afford to pay for health care in the mushrooming private sector.

Chapter 10 continues to focus on socially significant health issues, but with special emphasis on preventative health care. It was recommended that a midwife should be present at child-birth and, in view of rising problem of mental

illness, psychiatric social workers should be sent to the United Kingdom for training. Group-practice, like the U.K. model, for doctors was another strongly recommended proposal.

Chapter 11 traces the history of institutional care or 'Indoor Relief', going back to as far as 1900. The Poor Law Ordinance of 1902 imposed a duty on the Commissioner to establish and manage institutional establishments, such as (p. 205) "... almshouses, workhouses, infirmaries and other asylums for the poor". This statute also required the Poor Law Department to provide care and protection, training and employment to destitute orphans and children of paupers. Institutional care included the Bally Asylum and a number of Catholic infirmaries, orphanages, and convents. The Bally Asylum was a disused sugar factory, which Dr Balfour condemned in his 1921 Report as unfit for human habitation. In 1947, an inquiry was conducted in the diet of a few institutions and it was found that (p. 209) the residents were not receiving the minimum diet required by adults or children. The Titmuss Report was highly critical of residential care in the island (p. 210): "Too many of the 16 institutions still bear the stigma of the Poor Law. There is a serious failure to understand the emotional needs of children, the aged, and the disabled. What is provided is not the humane atmosphere of 'home', but the bare, dehumanised minimum of 'indoor relief'". The Report recommended the reorganization of institutional care, with emphasis that more should be done (p. 216) "... to safeguard the right of the individual, whatever his circumstances, to

determine his own way of life, to receive at least a basic minimum income in times of adversity, and to spend it as he thinks fit". The focus is on the principles of self-determination. The Report was equally critical of the treatment of children in institutional care. One of the recommendations was that (218) "... the Government should pay for the training of a children's officer in the United Kingdom".

Chapter 12 summarizes the preceeding chapters, re-emphasising the need for a programme of urgent and continuous implementation of family planning, regarding unchecked population growth as the main obstacle to higher standards of social welfare for the Mauritian islanders. The researchers concluded their Report sternly and superciliously thus (pp. 240-241):

"We do not recommend the provision of the new range of benefits unless a family planning service is introduced. Nor do we recommend a family service unless it is accompanied by a series of benefits to support and strengthen family life. The two sets of proposals are essential to one another. We would plead that our recommendation should be accepted or rejected as a whole. They stand or fall together".

Staunchly defending the Titmuss recommendations, Minister Ringadoo reflected the Titmuss's view subserviently thus in

the Legislative Assembly (Debates in Legislative Council, 11.4.61):

"Problems of disease, misery, hunger and unemployment are already here and for those who see them closely it does not require a stretch of imagination to visualise what will come our way if, instead of planned economy, we adopt the laissez-faire, the policy of Micawber of Dickensian fame, in the hope that something will turn up: social disturbances and upheavals which will disturb and rock the very foundations of law and order".

Criticisms of the Report

Nevertheless, the Titmuss Report was subjected to considerable criticisms not only by certain groups in the Legislative Council and some sections among the Mauritians, but also by some prominent Mauritians. The Catholic and the Muslim groups, among the members of the Opposition in the Legislative Council and outside in the community, were particularly vociferous and uncompromising against some aspects of the findings and recommendations. However, the objection was argued mainly on religious grounds on the issue of population control through family planning and limiting the number of children in the family. Mr Ah-Chuen, claiming to speak for the Chinese community in opposition to family control, quoted Confucius (Debates in Legislative Council, 18.4.61): "Of all the sins against filial piety,

the worst is to have no children". Mr G. Issac, also claiming to speak for the Muslim community, in the same debates, said: "... the people of the Islamic section from everywhere were against that [family planning]. And the priests naturally suggested to the members of the Islamic faith not to accept the question of a family planning in whatever form it was to be presented". Mr Keonig, the leader of one of the main Opposition Parties, opposing the family planning recommendation, said tersely (Debates in Legislative Council, 14.4.61): " Vox populi, vox dei! So vote against the Church! It is a shame". Mr D. Basant Rai, another member of the Opposition, a Hindu, to illustrate his objection against population control, in the same debates, quoted from the Vedas: "I do not understand the attitude of those Hindus who give the impression that family planning is not against the injunction of sacred books of the Hindus. No one will deny that the Vedas are explicit as to the number of children one should have. In the Rig Veda, 10th Canto, 85th hymn, 45th Verse, it is stated that a husband is permitted to desire to have ten children". In the debates of 11th April, the leader of the Independent Forward Bloc, argued that he was not against the findings of the advisory survey, but he was against family planning because: "... this is not a thing to be discussed in public because it affects the relations between children and parents; it lowers the dignity of the mother, the elder sister; it will bring among the public a mentality which will not work for the good of the country". However, those against family planning made no impact on the debates, probably because of their intellectual naivety and poor arguments.

From the economic point of view, the arguments advanced for population control by the Titmuss Report do not appear to correlate with empirical evidence or existing knowledge, although there is fairly wide support for this position. Addressing the Earth Summit in Rio de Janeiro, Prince Charles (Guardian, 23.4.92) linked population growth with poverty. Supporting the view of the Titmuss Report, Professor Meade said (1961: p. 523): "... Mauritius faces ultimate catastrophe unless effective birth control can be introduced fairly promptly into the island". Population growth as a theory against poverty, as argued by Paul Harrison (1983: p.183) and others above, is the facile argument often put forward and, as a result, has become discredited. If small populations meant prosperity, there would have been numerous wealthy countries in the world. Countering the Titmuss's proposition that high population growth led to poverty, Addison and Hazareesingh wrote (1984: p.94-95):

"The idea that population growth in itself is always a bad thing, that it is bound to lead to a fall in living standards, to food shortages, to higher unemployment and, in general, to greater poverty, is no longer accepted by experts. One has not got to look far to realise that under-population is at least as likely to lead to social and economic problems. Most of the African countries, for example, are under- rather than

over-populated. If many people in Africa are poor and underfed it is not because there are too many of them. The fault lies in the economy and its management".

The anthropologist, Burton Benedict, has done researches in Mauritius and, therefore, he is fairly familiar with the situations there. Reviewing the Report, Burton Benedict (British Journal of Sociology, Vol. XI, No.4. 1961), wrote: "Professor Titmuss and his colleagues paint an Orwellian picture of this increase [demographic] leading to economic depression, the breakdown of social services, unrest, revolt and repression".

The argument that population growth is the root-cause is a myth. According to Susan George (1977: p. 53), overconsumption by the rich countries is the source of the problems.

Publication of Titmuss Report

Whatever was the intellectual, cultural, religious, or pragmatic arguments for or against the Titmuss Report, coming across it in the library of Brunel University was an exceptionally unique experience for me. It stirred up memories and emotions lying dormant for nearly three decades. In 1960, I was still living in Mauritius, trapped for many years with thousands of my compatriots in a dire situation of almost constant economic stagnation, large-scale unemployment and under-employment, increasingly widening gulf between the haves and the have-nots, blatant

nepotism, and overtly conducted acts of corruption. I was one of those belonging to the underprivileged and socially exploited working class. What was most psychologically disheartening was that no light of hope for better days could be seen at the end of the dark tunnel of general depression and the feeling of hopelessness and powerlessness. With no light of hope for better days on the horizon, the only thing remained to be done was to give up any aspirations or ambitions that might lie in the subconsciousness and survive as best as one could. At that period of utter despair and despondency, the Titmuss Report emerged, so far as I was concerned, like a bolt from the blue. It received extensive publicity. For the unemployed masses and for the working class generally, it arrived like an eleventh hour saviour at a time of low morale and inspired them, including myself, with new self-confidence and great hope for better days ahead. The aim of the study, as I then understood it, was to create a modern and comprehensive structure of social services, modelled on Britain's Welfare State, for the Mauritian islanders. In a nutshell, the Report promised, if it were accepted and fairly implemented, welfare support in time of need. Although the promise of welfare provisions was still vague and too abstract for ordinary working class people like myself to grasp and make sense of, it was psychologically uplifting enough to be recovered from the sense of demoralization experienced for so long. The once purposeless existence began to give life a positive meaning. The hope that the Report brought for the ordinary Mauritians is difficult to articulate, so great was the excitement

following its publication. It was an event for celebration by the proletariat. Only those who have experienced similarly harsh situation like myself and many others can understand what the Titmuss Report really meant, despite all its weaknesses.

Publicity of the Report

The Titmuss Report, I still remember very well, was received by the overwhelming majority of the Mauritians with great acclaim and celebration. That was the first time within memory that Mauritius had been exposed to a document of such calibre and nature in terms of inspiring optimism after almost an interminable period of uncertainty and despair experienced especially by the island's proletariat and the poor. The newspapers, the radio, the intelligentsia, and the politicians, with the exception of a statistically insignificant minority from the governing class, not only welcome the Report, but also gave it extensive publicity. I was semi-illiterate in those days, although I was politically aware and I had my own concept of social justice or class oppression. Unable to satisfactorily read and to digest the contents of this unique document, I had to pick up fragments of information about it wherever I could. However, the best and most important source of knowledge about this Report came from attentive listening to readers of newspapers in the evenings at my village's 'street corners' society', in the rum shops, and in the fields of sugarcane at work. There, at one place or another, heated debates for and against the document inevitably ensued among my literate, more confident, and politically more aware

friends, work-mates, neighbours, and the college-going children of well-off villagers. I regretted it very much that I could not be a more active participant in the debates than being only an enthusiastically receptive listener. This, no doubt, intensified my greatest ambitions in life: to overcome the disability of illiteracy, the stigma attached to it, and make myself a socially useful and active Mauritian citizen.

Impact on Reading Titmuss Report

Nearly three decades later, that is, in 1989, I borrowed the Titmuss Report from the library of Brunel University, determined to read the book which I could not read over three decades ago. Eager to understand its content, I spent the whole weekend carefully reading every line in every page, pondering over its content, and taking copious notes. Being a social work practitioner and influenced by the social work tradition, I was particularly interested in the area of welfare provisions allocated to the unemployed, the poor, the destitute, the sick, the aged, and the disabled. The Titmuss Report, in my view, is a unique document in its detailed and moving accounts of difficulties experienced by so many Mauritians. Their problems were frankly and fearlessly exposed for the first time in the history of Mauritius for everyone to read and experience. Disregarding the anti-family outcome of the Report, only a person of the calibre and status of Titmuss who could produce such a historic document and so movingly written. Reading it evoked a mixture of anger, sadness, and despair, especially the pages and chapters, exposing the abuses and neglect

subjected by the poor generally and those relating to residential institutions for the aged and disabled and for destitute children. It was a heart-breaking experience. I then realized that the publicity of the Report in Mauritius did not reveal the true facts. It appeared that the apparatus of news media was specifically focusing on material gains promised by this document. Perhaps conscious of the fact that the people were particularly concerned about their basic needs for physical maintenance, that is, only to keep themselves alive, the newspapers saw it as their duty only to focus on some parts of the findings of this advisory study, thereby leaving us uninformed of the cruel and barbaric treatment of which our disabled poor and destitute compatriots were victims. Reading the Report had not only made me more aware of the difficulties encountered by so many Mauritians at home, but it had also left me with a strong sense of guilt and shame for being ignorant of and insensitive to the suffering and humiliation experienced by those less fortunate than myself. From then on I decided to remain no longer a passive by-stander to human suffering wherever I am. There was no excuse left to postponing the commitment to do something positive. It was this commitment which motivated and reinforced the decision to undertake this research programme immediately after the successful completion of the Master's Degree at Brunel University. In October 1990, in the same year when this course came to an end, I embarked on this survey as dispassionately as possible.

The primary commitment was to find out for myself whether

the Mauritian world of the disadvantaged and the underdogs was still grim and affected by suffering, as shown by the Titmuss Report. If it were so, the next commitment was to try to change their wretched situation. This additional mission was undoubtedly inspired by one of Marx's memorable statements quoted under the heading of Theses On Feuerbach (1968; p.30): "The philosophers have only interpreted the world, in various ways; the point, however is to change it".

Further inspiration for the next task and goal sprang from Sékou Touré's address to Black Writers and Artists in Rome in 1959, as quoted by Fanon in his classic, The Wretched of the Earth (1967: p.166):

"In order to achieve real action, you must yourself be a living part of Africa and her thought; you must be an element of that popular energy which is entirely called forth for the freeing, the progress and the happiness of Africa. There is no place outside that fight for the artist or the intellectual who is not himself concerned with and completely at one with the people in the great battle of Africa and of suffering humanity".

Choice of Topic and the Researcher's Backgrounds

It seems difficult to disagree with Paul Corrigan (1979: p.4) that the choice of surveys is often more influenced by one's own biographical backgrounds than by reading the

studies of other researchers:

"Sociologists seem to claim that they became interested in the topics because they read the work of other sociologists. It is true that other people's work has an effect upon the way in which they choose a research problem; but the main set of reasons for choice is to be found in the biography of the researcher".

The Emergence of the Study

Reading the Report was personally a painful and traumatic experience. In many respects it was also highly therapeutic, cathartic, and inspirational in the sense that it purged me of my self-centreness and egoistic interests and drove me back from the path of selfish pursuits. Overwhelmed by a great feeling of spiritual liberation, I decided, restless by a burning desire to do something positive, to make a contribution, however small, towards the relief of humiliation and suffering experienced by the weakest and less fortunate members of the Mauritian islanders. The pursuit of this goal had become a commitment too sacred not to be kept. This is, however, subject to the inquiry validating the findings of the Titmuss Report and the persistence of unsatisfactory welfare provisions recommended for improvement. It must also be added that this research has also contributed considerably to not only taking this study beyond Titmuss's, but also developing other ideas for further studies in the context of social

welfare in the dangerously too rapidly changing Mauritian society. In the effort to explore and explain the origins of the inspirations motivating the development of this research programme, many things have been said in this introductory chapter. However, its development from an abstract idea to a concrete one can only be attributed to four undeniable or unquestionable facts: (i) The coincidental discovery of the Titmuss Report at the library of Brunel University; (ii) my commitment to social work; (iii) my value system formulated by personal interest in social issues; (iv) and my own deprived social backgrounds.

Taking Side with Welfare Recipients

Taking all these points into consideration, it is unambiguously clear that my sympathies are with the underdogs. This often raises the question of methodological ethics and the accusation of being biased and, therefore, the research is considered contaminated. Under the concept of 'hierarchy of credibility', taking side with the poor and the underprivileged inevitably invites adverse criticisms. However, this position has been taken fully aware of and committed to putting the advice of Howard Becker (1970: p.109) into practice: "Our problem is to make sure that, whatever point of view we take, our research meets the standards of good scientific work, that our unavoidable sympathies do not render our results invalid". No effort has been spared to adhere rigorously to Becker's advice throughout the period of four and half years of conscientiously engaging on this study. However, it is for others to evaluate whether I have succeeded. None the less,

the strong feeling is, given the factors that motivated commitment to this research programme, that I have been as objective as is possible where this study is concerned.

CHAPTER 2

AIMS, SCOPE, PERSPECTIVES, AND METHODS OF THE STUDY

For the first time in the history of Mauritius, an advisory survey, that is, the Titmuss Report, has raised so many issues affecting the the whole structure of social service institutions in Mauritius. If its recommendations were implemented, they could have undoubtedly been helpful to the unemployed, the poor, the sick, the invalids, the aged, the orphans, the destitute, and the other vulnerable and underprivileged groups and other citizens of the Mauritian society. The Titmuss Report, produced in 1960, is a frank and fearless document, delving deeply into many social aspects and evaluating a wide range of welfare issues. It also put forward a number of proposals for improved service provisions. Over three decades have gone by since. During this period Mauritian society has experienced sea change structurally and, in some areas, the transformation is beyond recognition, substantially affecting the economic, political, and cultural systems of the society. The Meade Report (1961: p.59), another advisory survey, analysing the economy at that time and discussing the rate of unemployment, painted this gloomy picture:

"A number of different opinions have been expressed to us about the prevailing level of unemployment. The Luce Report suggested that in 1958 205,281 (or 61%) out of a total of 3336,618 persons of working age were economically active. Of these 151,496 were males and 53,785 females. The survey showed that 31,001

persons (22,512 males and 8,489 females) or 15.1% of the economically active population were unemployed during the whole of the survey week in March 1958. Of this total 8,266 (or 26.7%) were under 21, and almost half of these had never worked in any industry or occupation".

Supporting the Titmuss Report in the Legislative Council, Minister Ringadoo, in 1961, reminded Members of the disastrous consequences likely to face the country, unless actions were taken (Debates in Legislative Council, 11th April, 1961: p.803):

"Problems of disease, misery, hunger and unemployment are already here and for those who see them closely it does not require a stretch of imagination to visualise what will come our way if, instead of planned economy, we adopt the other course which is open to us: the laissez-faire, the policy of Micawber of Dickensian fame, in the hope that something will turn up: I know what will turn up: social disturbances and upheavals which will disturb and rock the very foundations of law and order".

Writing in 1972, V.S. Naipaul, the eminent novelist and writer, commented scathingly (p.257):

"Three Mauritians out of five are under twenty-one. No one knows how many unemployed or idle people there are - estimates vary from 50,000 to 80,000 - and the population grows by about 12,000 every year".

Emergence of an Affluent Mauritius

The above grim picture, thankfully, is no longer there. The Mauritian society has not only been radically transformed, but has also become affluent in recent years. In 1989, Finance Minister Lutchmeenaraidoo (Mauritius News, July 1989) expressed his concern about the shortage of labour to see the sugar harvest through. The rate of unemployment was then only 2.8%. Immigrant labour is currently being imported from Bangladesh, China, and the Philippines. The average annual increase in the population of Mauritius in July 1990 was 0.80% (Annual Digest of Statistics, 1991). The Mannick study (1989: p.163) has shown that "... Mauritius has become one of the fastest growing economies in the Third World". But the greatest transformation, Mannick added in the same page, is that the sugar industry, only recently constituted the backbone of the economy, has been replaced by the manufacturing industry in the Export Processing Zone. Financial Times (14.9.1992) commented: "Over the past decade, the Indian Ocean island has maintained a record of sustained development remarkable by international standards, and positively phenomenal in comparison to Africa, some 1,500km to the West".

In the opening paragraph of the editorial of 82-92: Les

Années Décisives (1992), editor Malenn D. Oodiah writes about the wide-ranging social change that has taken place within the decade:

"82-92, une décennie cours de laquelle le pays a connu d'importantes transformations économiques et vécu de profondes mutations sociologiques dans un contexte international mouvementé".

The political arena has also been going through the processes of sea change. In 1968, Mauritius achieved its independence from Britain. Since 1992 Mauritius, the former Dutch, French, and later on British colony, has become a Republic. It also enjoys the membership of various important international and other organizations, such as the Commonwealth and the Organization for African Unity. All these have been achieved through the democratic processes with the full participation of multi-political parties and peaceful elections. Today, Mauritius can not only boast to be a stable and peaceful democratic society, but also a model institution well worth emulation.

The Problems of Affluence

The industrialization of a society can be very disruptive generally. Marx (see Bottomore and Rubel, 1975: pp. 20-21), described the impact of capitalistic industrialization as responsible for 'alienation', a feeling of having no influence over one's situations. The nature of the leadership, guiding the industrial revolution, has, no doubt, a lot to answer for the progressively unsatisfactory

and degrading quality of life in the island. In the context of Mauritius, industrialization, among other things, has substantially changed societal value system. Mannick puts it thus (1989: p. 136):

"Mauritian culture has changed markedly with industrialization. The rise in living standards, the growth of materialistic attitudes, the availability of consumer goods, and Mauritius' general affluence are affecting solidarity. Prior to independence, the extended family and the community were strong: now concerns and values are much more individualistic".

Ironically, Prime Minister Aneerood Jugnauth holds the view that today some people consider materialistic possessions more important than honour and integrity (L'Express, 17.12.1994):

"Nos grands-parents avaient l'habitude de dire que l'honneur et la dignité sont plus importants que l'argent. Aujourd'hui c'est le contraire pour certaines personnes".

Ironically, it is because under his Administration since 1982 that a materialistically fetishistic culture has grown from a trickle to an inundation. As a result, the Mauritian society is in serious danger of losing its vision to be developed into a sane, caring, and civilised society.

In an interview in Le Mauricien of 31st December 1994, Oodiah argues that social change has brought certain elements of instability and disruption in the Mauritian society and, as a result, the State is on the verge of losing its legitimacy.

Industrial expansion has also been accompanied by mounting social problems resulting from what Durkheim (1964) called 'anomie' or 'normlessness'. The family, what can be described as the motor-engine for a cohesive community and society, is rapidly changing. Marital breakdown is on the increase and causing great concern (Le Mauricien, 19.3.90). Barrister Shanee Nunkoo, who was born and trained in England, has set up the Mobile Legal Counselling Service to deal with domestic violence and marital problems (Le Trident, 10-24, 4, 1994). Mauritius News (May 1994) reported that social problems are rising at a disturbingly high rate: "The offences committed range from larceny, larceny breaking, attempt at larceny, breach of probation, uncontrollable juvenile, escape from legal custody, sodomy, possession of stolen property, possession of gandia, sexual intercourse with females under 16, wounds and blows causing death without intention to kill, assault, conspiracy, bestiality, to attempt to chastity". In the same paper of the same date, it is reported that there are 74 cases of Aids, of whom 48 are Mauritian nationals, and the number is rising all the time. The concern about Aids is such that the island of La Réunion, a neighbouring French colony, is working collaboratively with Mauritius to combat this growing menace. (L'Express, 6.12. 1994). The President of

the Republic of Mauritius has expressed grave concern in a recent speech about the erosion of healthy family values on the island (Le Trident, 9-22 May, 1994). Talking about the gradual erosion of the roles of the family, he warned us to be on our guard against some socially disruptive indicators (L'Express, 27.11.1994):

"... mais il faut être vigilant car certains symptômes indiquent que le tissu social s'est fragilisé et cela m'inquiète...".

Social problems affecting the Mauritian families have become so alarming that symposia are being organized to discuss the issues (L'Express, 7.12.94). The island is becoming notorious for drug trafficking and the rising population of drug addicts. The drug problem has even reached the campus of the University of Mauritius (L'Express, 24.11.1994). There is hardly a day when someone is not involved in illicit drugs. The temptation for making a fortune as quickly as possible is such that even prominent politicians of once unblemished character are involved in drug trafficking. Prime Minister Jugnauth viewed the involvement of some elected members of his party in drug trafficking in Amsterdam as personally most traumatising (Oodiah, ed., 1992, 82-92: Les Années Décisives, p.11): "L'affaire Amsterdam été pou moi l'épisode le plus traumatisant".

Unable to cope with the drug and drink problems for lack of skills and facilities, the government is now trying a different and even irresponsible approach, thereby placing

the roots of the difficulties on factors considered to be beyond the power of those affected. In this he might be considering what is electorally attractive rather than facing the fact of the danger of growing drug problem to Mauritian society now and in the future. The Minister of Social Security and National Solidarity, Dharmanand Fokeer, says that the addicts deserve sympathy rather than contempt (L'Express, 20.11.1994): "Le drogué et l'alcoolique sont avant tout les victimes de circonstances. Il ne faut pas les rejeter, les abandonner ou les traiter comme les déchets. Ils méritent notre sympathie". However, showing compassion is not always helpful without a constructive helping programme.

The Mauritian society is also confronting rising health problems, for which the facilities are inadequate and unsatisfactory. L'Express (11.11.1994) has reported that 29 beds were occupied by two patients on each bed and one bed was occupied by three patients. This newspaper also quoted a doctor who said that the health of the patients were likely to deteriorate rather than improve after admission. As a result of poor and inadequate hospital services, an organization has been set up to protect the rights and welfare of patients.

Dr Gaya, the chief consultant psychiatrist at Brown-Sequard hospital, wonders whether the rise of 5000 mental patients between 1990 to 1993 is attributable to the weakening family system (Week-End, 16.10.1994):

"This is a great cause of concern for, as I said before, the sanity of our society depends on the strength of our familial cell. The weakened family cells points on the whole to a degradation of our moral fibre. There is something drastically wrong and unhealthy in our society. Is our uncontrolled rush for financial gains and material comforts responsible for this state of affairs? Or is it due to a lack of proper role models in our society?"

The Mauritian society, undermined by some sort of galloping industrialization, modernization, and over-politicization of things, appears to be losing its equilibrium. An example of over-politicization is that the Minister of Health, Mr Finette, has been playing politics when he recently talked about setting up the first school of medicine in Mauritius, despite the Mauritian hospitals are notorious for their poor quality of service delivery generally (L'Express, 11.11.1994 & 15.11.1994, Week-End, 13.11.1994).

The Aim and the Scope of the Study

As illustrated, the country has been experiencing great, and even traumatic, changes since the Titmuss Report in 1960 not only because of too rapid material progress, but also because of social problems accompanying the industrialization and modernization of the society, aggravated by a short-sighted leadership and motivated by short-termed political interests. It is impossible for this study to consider examining all these issues. They are too numerous and complex to handle by this research programme,

which can only be described as exploratory and tentative. Therefore, the aim of this study has been limited to primarily finding out what welfare provisions are there for the needs of those, for one reason or another, who are dependent upon the State welfare provisions. The Titmuss Report has been said to have made a number of useful recommendations in relation to some aspects of social services, although in the process has weakened the traditional roles and responsibilities of the family through the intervention of the welfare system. The latter point is an important one. It needs clarification. Geoff Dench (1994: p.197)) puts it thus:

"The relocation of personal dependency away from the family and into a welfare system as public dependency can only go so far before hitting some very real limiting factors. Paying separate salaries for services formerly subsumed within the family wage concept both increases tremendously the total share of available resources devoted to them and stimulates a vast additional demand. Before this shift the family was the first point of call for someone needing help or support, and the public purse was used only as a last resort. Under that regime people mostly did what they could to manage within their private means. But once that all citizens, not just the most indigent, are encouraged to reverse this precept and to expect the state to provide for their needs,

or to pay them where they are providing for other people's, then the position becomes untenable. Potential claims are virtually limitless. So are grievances....".

An attempt will also be made not only to evaluate as to whether the proposals suggested were adopted and implemented, but also to go beyond this point. The Titmuss study, despite its tendency towards an anti-family stance and influence capable of creating a growing culture of dependency, has clearly given me not only an opportunity of developing ideas going much beyond it, but also strengthening my commitment to this research programme. Thus I am aware that I have to some extent changed my mind and departed from the original intention of confining the project within the parameter of the Titmuss Report. Driven by personal commitment to serving the country particularly in the domain of social welfare, an environment which seems to attract little or no interest from members of the academia, although there is so much to be done there, it has been difficult or impossible to stay within the too restrictively narrow area originally decided upon. In the field of social welfare in Mauritius, there are numerous social sectors that need urgent investigation and functions evaluated. To begin with, I shall here, in this programme of research, confine myself to focusing only on three spheres of social services, which are considered most urgent and most important for the needs of the recipients: (i) Outdoor Relief; (ii) Indoor Relief; and Health services. The investigation will be conducted through the framework of the

following four questions to the recipients of social welfare:

1. What are your difficulties?
2. What social services are you receiving?
3. Are you satisfied with the welfare provisions received?
4. What are your expectations of social services from the government?

Theoretical Frame of Reference

There is a system of social services in Mauritius. However, the views of the recipients as to their needs have never been evaluated either by social workers, researchers, or policy makers. So far as I am aware, there is no study on the island focusing on the recipients' perspectives of their needs. The island, being an ex-colony, has never had the opportunity of developing such a research tradition. Therefore, there is clearly a gap to be filled in this area. All the researches in the domain of social welfare, so far as information is available, have been top-down, that is, from the officials' perspectives. Mauritius, with its high rate of literacy, wide political awareness, a common language, the citizens' extrovert tendency, and a relatively small country, is, in my view, ideal for a 'client-oriented study'. This investigation is proposed to adopt this model of research methods on the following grounds:

First, it is believed that the service-users are the best judges of their needs.

Second, the service-users, living in a democratic society, such as Mauritius is, have an inalienable right to self-determination as to the nature of their welfare needs.

Third, client studies have not only shown to have helped improve services, but can also be economical, efficient, and effective.

Services far from Reflecting Needs

In relation to the first point, the hypothesis is that welfare provisions, as currently distributed by welfare officers, social security officers, official or voluntary social workers, and other officials, do not reflect the real needs of the service-users. This is because in many respects they stand apart from the recipients in terms of social class, education, status, values, roles, aspirations, and functions. Some of the reasons are that they cannot, according to Titmuss (1976: p.85) be "... immune from the hazard of professionalism". Thus, means and goals have to be pursued in order to legitimize and consolidate the professions or roles at the expense of the recipients. They are also attached to a bureaucratic agency to which they owe their loyalty and are accountable as employees for their actions or inactions. Specifically referring to social workers, Statham (1978: p.9) has argued that by training and the nature of social work knowledge, they act as experts

and, as such, they reserve the right to diagnose and determine the nature of the 'presenting problems'. Going further into the irrelevance of current social work practice, one can see that the 'contract', often entered with the clients in the name of client-participation, is constructed on an unequal power basis. The 'agreement' can be amended, changed, or altered without consulting the service-users. Where dissatisfaction is articulated, the worker copes with it with 'professional skills' (George and Wilding, 1972: p.154). The methods of social work practice have to be changed radically, if the welfare recipients are to have a true voice in respect of their needs (Statham, pp.10-20). Conscious-raising aimed at the people's consciousness has been advocated. Supporting this view, Paulo Freire (1972: p.40) writes:

"As long as the oppressed remain unaware of the causes of their condition, they fatalistically 'accept' their exploitation. Further, they are apt to react in passive and alienated manner when confronted with the necessity to struggle for their freedom and self-affirmation".

Writing specifically in the area of social welfare, Bailey and Brake (1975:p. 54) advocate a radical method of social work practice, supporting the view of Paulo Freire.

Concluding from the above information, it is proposed that the client-oriented research approach, implemented in this study, is not only the most effective means of finding out

the real needs of the Mauritian recipients of social services, but it is also the most economical way of using scarce resources.

Self-Determination of Welfare Recipients

One of the ideals of a democratic society is to give the people the right to determine their own future in their own chosen way. Mauritius is a democratic country sustained as such by all the main constitutional safeguards of a democracy: freedom of speech, multi-political parties, voting by secret ballot, rule of law, regular elections, and separation of powers, etc. Writing about the roles of social workers vis-à-vis the welfare recipients as long ago as 1957, Felix P. Biestek (1975: p.17) said:

"Today one of the firmest convictions of the profession of social work is that the person [service-user] has an innate ability for self-determination and that a conscious, wilful volition of the client's freedom by a caseworker is an unprofessional act which transgresses the client's natural right and impair casework treatment or makes it impossible".

As stated under the first point, the service-users' right to determine their needs are under current practice widely violated on the grounds that they are allocated unequal power in the worker-client relations. Therefore, as correctly argued by Keith-Lucas (1975: p.44), "... this is not principle of self-determination at all". It has also

been shown that the concept has a number of flaws, which, if taken to its logical conclusion, is likely to encourage inaction. Biestek was aware of these and said that this concept had its limitations in a democratic society:

"The principle of client self-determination can become a meaningless cliché, however, if the client's right is not balanced realistically with the limitations to that right. A person's freedom to choose and decide is not synonymous with license. The rights of one individual are circumscribed by the rights of other individuals in society".

Reasons for using Client-Oriented Approach

It is believed that this study, through its client-oriented research framework, encourages and promotes welfare provisions motivated by the principle of self-determination.

Under the third point, it is argued that client studies have proved to coincide with the three aims of most, if not all, the modern Welfare States: to be economical, efficient, and effective, the three 'Es'. The brief following discussion will clarify the *raison d'être* of researching social services in Mauritius from the standpoint of the recipients' needs.

The first objective of any welfare system is to generate and distribute most effective social service provisions. This is axiomatic and does not need further evidence.

However, there have been a number of problems for the development of client studies. Noel Timms (1973: p.1), one of the eminent pioneers in this area, said:

"Social workers have for long thought of themselves as concerned with a user's view of the world.

'Start where the client is' has been a practical maxim that seemed to give effective shorthand expression to this concern. Recently, however, a number of studies suggest that whilst social workers may well have started where the client was, they failed to stay there long enough fully to appreciate what he was saying".

The failure to promote this approach has also been attributed to researchers in the field of social welfare. Mike Fisher (1983: p.79) appears to argue that this "... is due to researchers' frequent preference to aim their research reports at the research community rather than at practitioners and policy makers".

However, evidence shows that research from the point of view of the service-users is nothing new. It has a comparatively long tradition in the world of trade and commerce. However, in the world of social welfare, it is a relatively recent phenomenon. None the less, it is becoming a progressively prominent feature in the field of research methods since 1970. Discussing the evolution and take-off of client studies in a paper, David Phillips writes (1983: p.8):

"The publication in 1970 of The Client Speaks by Mayer and Timms marked the beginning of a new era in social work research. Suddenly clients' views were being taken seriously, and their stories were told in a voice that commanded attention. Since then, very many articles and books have been written about social workers' clients".

Conscious of the importance of service-user oriented welfare provisions, the current government in U.K. is attempting to place special emphasis on this method, thereby ensuring that social policies are developed and implemented from the consumers' point of view. Both of these major pieces of legislation, the 1989 Children Act and the 1990 National Health Service Act and Community Care Act, theoretically reflect this fact. Another example is the Citizen's Charter (1991).

As an addendum to the three points discussed above, I must add that the reason for adopting the client-oriented research methods with this research programme has also been motivated by personal experiences as a social work practitioner for the past fifteen years with local authorities and the fact of still being in practice. During this period it has been observed how scarce welfare resources, imposed on clients from a bureaucratic and expedient viewpoint, have failed in most cases to bring forth the desirable results. In addition, it is recognized

that the client study by Mayer and Timms has had considerable impact on the decision to use the client-oriented research methods in this research project in order to evaluate service-users' definition of their 'problems' as they themselves experience them.

Client-Oriented Studies: a Neglected Area

There is a tradition of studies constructed from the point of view of the respondents. But it seems to be continuing more in the field of trade and commerce than in relation to the individuals' perceptions of their situations. The underestimation of the ability of the informants to discuss their problems objectively can be said to constitute one of the main obstacles for the development of client-oriented surveys. The fear of the professionals in case it undermines their superior privileged positions cannot be excluded. However, evidence shows that the value of the subject-oriented method in research investigations has been effectively practised, particularly in the domain of sociological inquiries, as long ago as in the early 20th century. The Chicago School of Sociology has been pioneering this approach since the 1930s. One of its leading forces in sociological fieldwork, Robert Ezra Park, was, in John Madge's view (1970: pp. 88-89), "... perhaps the first major figure in sociology whose interest was primarily in human beings and their normal social behaviour...". Reflecting this humanistic approach is the classical work of Thomas and Znaniecki, The Polish Peasant in Europe and America (1918-20), which focuses on human interests and is acknowledged as one of the greatest sociological studies originating from

the Chicago School. Finding the positivistic methodology of natural science too inadequate and restrictive, they, to understand and interpret the actions and interactions of their respondents, applied, to use Isaiah Berlin's words, (Notes on Vico's Concept of Knowledge, New York Review of Books, XII (8), 24.4.1969) "... the sort of knowledge which participants in an activity claim to possess as against mere observers; the knowledge of the actors, as against that of the audience, of the 'inside' story as opposed to that obtained from some 'outside' vantage point...". Bierstedt (1969: p. 22-3), writing about Znaniecki, states: he "... never hesitated in his attacks upon the limitations of statistical methods and never ceased his insistence that only by the use of personal and even intimate sources, such as diaries, letters, and autobiographies, could the sociologist make full utilization of the humanistic coefficient which above all distinguished the social from physical sciences".

In the domain of social welfare, the value of client studies has been recognized. The work of Mayer and Timms, The Client Speaks (1970), has given impetus to the proliferation of this method of research. Its application to this study, as already indicated, is motivated by both my experiences as a social work practitioner and reading particularly the work of Mayer and Timms, apart from strongly believing that client-oriented model of research method is the best means of evaluating the needs of the respondents.

In a more recent and influential study, Whose Welfare -

Private Care or Public Services? (1986: p.335), Beresford and Croft, supporting the research method of directly involving the recipients, write:

"What we believe is needed are citizen-based services. Beginning modestly by involving in this discussion, we may at last arrive at the public services they want".

The Tradition of Top-Down Welfare Provisions

The system of social services in British, French, or other colonies, present and past, is eurocentric and modelled on the system of the colonial power concerned. In the case of Mauritius, a former British colony, this is also an undeniable fact. Midgley, an authority in this area, supports this view (1983: p.40):

"Although many retained their indigenous languages, religions and cultures, colonial rule permeated these societies to the extent that the economic systems, administrative structures, educational and other social institutions which were established during the colonial era survived after independence. Also, colonialism fostered the beliefs that western ideas and practices were superior and worthy of emulation. The replication of American and European social work theories and methods in the Third World is just one example of this attitude and together with other, more dramatic and significant manifestations of dependency, is rooted in the colonial

experience".

This view is also endorsed by another eminent writer on former colonies. Paul Harrison locates the reasons for imposing westernization in the colonial mentality thus (1987: p. 48):

"But all the Europeans suffer from the same arrogance. Perhaps it is the peculiar self-righteousness of Pauline Christianity that accounts for this trait. Whatever the cause, never a doubt entered their minds that native cultures could be in any way, materially, morally or spiritually, superior to their own, and that the supposedly benighted inhabitants of the darker continents needed enlightening".

Colonial Experience and Social Welfare

Focusing specifically on social welfare, Midgley clarifies further how the colonies have inherited these eurocentric, colonial-rule dominated welfare culture (1983: p.52):

"Social welfare legislation in British colonies was often based on the English statute. Public assistance pensions, which were introduced in the British colonies such as Jamaica and Ceylon, were modelled on the English Poor Laws and in many, the Children's and Young Persons' Act 1933 was copied verbatim by officials responsible

for drafting colonial laws".

Jones (1990: p. 42) has observed that many of the social service provisions currently in existence in developing countries are "... a relic of a colonial poor law system."

According to Harrison (1987: pp. 322-3), the continuation of the colonially inherited style of social welfare is inevitable. Having enjoyed their class privileges and dominance as a result of their European education and the emulation of European life-styles, it is logical that the officials, the 'elite collaborators', would have to jealously carry out the roles and functions of their past colonial masters. They have a vested interest in the protection of the colonial system. Harrison (1988: p.53) explains why:

"On reflection, it is obvious why few of the new ruling elites developed an indigenous model of development. Most were not themselves members of the traditional ruling elites. If they owed their new-found power to anything, it was to their literacy, their western education, the familiarity with western ideas and the western-style institutions of government that they had inherited. In so far as they had clear goals, these were to transform their countries, in the shortest possible time, into western societies complete with all mod cons. And so they started building miniatures western societies...".

Fanon summarises it thus (1967: p.36):

"The colonialist bourgeoisie, in its narcissistic dialogue, expounded by the members of its universities, had in fact deeply implanted in the minds of the colonized intellectual that the essential qualities remain eternal in spite of all the blunders men may make: the essential qualities of the West, of course".

There is another important factor that one cannot ignore in the preference for the application of the top-down research approach: the bottom-up research model is a very demanding exercise. Although Tim Cook in his forward to the work of Beresford and Croft (1986: p.xi) is referring to England in outlining the reasons why the top-down approach is preferable to the bottom-up research method, this is also applicable to any ex-British colonies like Mauritius:

"There has not yet developed in this country a strong tradition of or commitment to talking with the recipients of major public services, collectively or individually, about what is planned for them, is happening or has happened to them. The barristers argue about the silent defendant in the dock, the medical students mutter over the hospital bed and the child-care case conference decides the future of the future of a family in the absence of that

family. We all too easily talk down, around or about service users as if they were not there even if they are. Talking to them is more demanding, unsettling and more complicated".

The Nature of Social Welfare

The Mauritian institutions, as already indicated, are still powerfully permeated by its colonial experience (see Chapter 3 for further detail). Therefore, it is not inappropriate to consider the existing social welfare on the island from the point of view of Western values. This may appear paradoxical in view of the intention to relate the discussion here as much as possible to the Mauritian context. However, visualizing it in another way will be a contradiction of the fact. If one looks at the recommendations of the Titmuss Report, one will not be surprised to see why the emphasis on social welfare is still rooted in Western values. Some of the recommendations were that psychiatric social workers should be sent to train in U.K. (p.189); destitute children should be boarded out with families (p.216); and children's officers should be trained in England (p.218).

My contacts with the Social Work Department of the University of Mauritius at the end of 1994 has not diminished but reinforced the view that dependency on social work knowledge from the West continues with renewed determination and commitment. The reading list in respect of the theory and practice of social work for the Diploma in Social Work is almost exclusively by British and American

authors. This is not to mention about out-dated books manifestly irrelevant in the context of social work in the Mauritian society. Mauritian academics, with self-confidence about their intellectual abilities to express their views on social issues without looking towards Western colleagues for support, are too few and far between to mention them here. The dependency is such that not a single Mauritian author figures out on the list, although there are a few Mauritian writers who are worth reading for the social work course. Recently (L'Express, 5.12.1994) the United States embassy in Mauritius has donated a number of books to the book-starved University of Mauritius. Therefore, it appears that using any books for a course is preferable to using no books at all, irrespective of their relevance for the purpose they are used.

Recent statements made by leading politicians with welfare responsibilities support Midgley's contention (1983:p.52) that independent colonies are still subservient to the ideas and models of social services inherited from colonial rule (see L'Express of 13.3.1992 and Week-End of 29.3.1992 for statements from Ministers Bappoo and Hoffman). Harrison (1988: p.324) has correctly diagnosed that "Political independence in Africa and Asia did not bring with it cultural independence".

The Western methods and practices of social services closest to those visualized, aspired, and, to a large extent, implemented in Mauritius still follow the pattern of those in Britain, albeit of a previous and outdated

generation. By 'a previous and outdated generation' it means that welfare theories and practices that have been abandoned by the West for their irrelevance and ineffectiveness in view of social change. The emphasis, with nominal changes and innovations here and there, seems to be still motivated by what Jones (1990: p.202) has referred to as the "... austere relics of an earlier Poor Law-style relief system, inherited from the colonial era". An example of this is the Maternity and Child Welfare Society established by colonial legislation in 1941 (L'Express, 3.12.1994). It has only been dissolved last year and replaced by the Association des Parents d'Enfants aux Besoins Speciaux, which is another copy-cat act taken directly from the Britain's Children Act 1989. The National Children's Council Act 1990 and Child Protection Bill introduced in 1994 are further examples of the dependent mentality or the continuing impact of the colonial experience. The British Council, the Rotary Club, L'Alliance Française, and other Western institutions are hard at work so as to ensure that the Mauritian governing classes remain loyal to their past colonial masters. In my view, their successes in carrying out their objectives are evidenced everywhere in the principal institutions of the Mauritian society, i.e. in education, in the industry, in the world of finance, and in politics.

The Colonial Legacy of Research Methods

Like most colonies and former colonies, Mauritius has inherited a tradition of top-down research methodology (i.e. Chettle, 1947; Brookfield, 1957; Luce, 1958; Meier, 1959; Titmuss and Abel-Smith, 1960; and, among

others, Meade et al., 1961). By this it is meant that principally, if not wholly, the viewpoints of the island's elites, upper bureaucratic echelons, and 'outsiders' are considered as well as reflected in the various processes of the studies. By 'outsiders' it is meant foreign or European researchers or 'consultants'. Fieldwork carried out in 1994 and 1995 has also shown that very few Mauritian intellectuals are used on major public projects, so little confidence there is in their abilities. Worse still, the views of the masses, for whom most of the surveys were supposedly designed and executed, were deliberately or unconsciously considered too insignificant or inappropriate to be sought or incorporated. This paternalistic, if not authoritarian, approach seems to be the norms in most studies (Marshall, 1975 P.14). In the context of Mauritius and other developing countries, arguments or excuses advanced for this tendency are, it is argued, because of the dearth of local people qualified to undertake research programmes (Bulmer, 1983: pp. 5-6) and, secondly, because of the negative attitudes of the authorities against surveys. Livingstone (1969: p.98) adds that some "Governments have enlisted the services of international consultants to advise them or engage directly on research activities". The reliance on foreign Western consultants could be attributed to what Fanon (1967: pp.83-108) has referred to as the 'dependency complex' derived from the culture of 'imperialism', which, Harrison wrote (1987: p.48): "It conquered not just the bodies, but the souls of its victims, turning them into willing accomplices".

Roots of 'Dependency Complex'

The 'dependency complex' again lies in the history of colonialism, which sought to change the personality of the colonized people through the destruction of the original culture and imposition of a 'manufactured' culture. A dependency complex is synonymous to inferiority complex. Fanon has explained the processes of an inferiority complex as follows (1967: p.18):

"Every colonized people - in other words, every people in whose soul an inferiority complex has been created by the death and burial of its local cultural originality...".

Jones' explanation of the processes (1990: p.30) of 'dependency complex' goes into greater detail:

"To a people who have been convinced that Northern-style development really is on the way, the consumer patterns of the North will appear to be attractive and accessible, and these trends will be further stimulated by advertising and the media. This is development economics made intelligible for the man in the street. To those who aspire to these transplanted and usually inappropriate consumerist norms, the relationship with international capital which produces them is amply vindicated. They extend even into social policy, leading often, as will be seen, to the adoption of many ill-advised approaches to Third World social problems".

This false consciousness is powerfully supported by the country's elites, i.e. the politicians and officials. Even countries, with revolutionary backgrounds as Cuba and Tanzania, according to Jones (1990: p.120), have succumbed to the influences of the West in the field of health services, although the techniques advocated are contextually inappropriate.

Characteristics of the 'dependency complex' can be identified in almost every field of social activities in Mauritius. This statement by Dr Ramgoolam, the Father of the Nation, is an example of the insidiously powerful cultural influences of the West (Mulloo, 1982: p.33-34:

"The idea of going to England had occurred to me while I was at Royal College. The whole content of the secondary education there had been preparing my mind for adventure. The history I was learning, the literature, the poetry, the plays of Shakespeare, the classical novels so lovingly taught by the Reverend Fowler developed in me a taste for English literature".

Another example of the 'dependency complex' can be seen in a statement of Mauritius' first Governor-General, Sir Virasamy Ringadoo. As long ago as 1950 he had a vision of reproducing Britain's system of social welfare on the island. In his manifesto for the Municipal elections, he envisaged that the tasks of the Municipality

should be based on radical programmes of house-building and development of social services like those in England (Gayan, ed., 1990: p.vii):

"... une programme progressiste de mesure sociales et administratives.... Il y a plusieurs champs d'activité q'une municipalité devrait contrôler ou influencer, par exemple, la construction du logement, l'instruction publique et les services sociaux.... Je suggère que le problème soit résolu, comme en Angleterre...".

It was under the Labour Administration, led by political elites, like Dr Ramgoolam and Virasamy Ringadoo, that the only major survey in the history of the island on social welfare took place: Social Policies and Population Growth in Mauritius (1960). The principal researchers involved in it were Professor Richard Titmuss and Dr Abel-Smith. The methodology adopted in this advisory survey was not only top-down and eurocentric, thereby preserving and reinforcing the inherited colonial tradition, but also strengthening it. Harrison (1988: p.52) was correct when he observed that: "The fixation with the West did not end at independence".

Pitfalls in Inappropriate Research Methods

The Camelot Project (1964), instituted by the U.S. Army and the Defence Department, to study the feasibility of predicting and influencing social changes in developing

countries, compromised the neutrality and objectivity of research methodology. As a result of its unethical framework, Chile accused the research activity as subversive. Warwick (1983: 317) advised that those undertaking research projects in developing countries would do well "... to pay close attention to unique configuration of interests and issues in each setting". In another study (Klemeyer and Bertrant, 1977), there were accusations of sterilizing women as a result of misunderstanding and ill-preparations. There is also the problem of access and adjustment (Zuniga, 1973), particularly in a country with a certain radical ideological tendency. In relation to Chile, where the study was conducted, the scientists were in a state of disorientation, as there was too much adjustment to be made with regard to the radical ideological nature of the setting (Zuniga: 1973: p.346).

The other issues often not considered by Western scientists are that sophisticated sampling procedures cannot be implemented in situations where data are unreliable; rate of illiteracy is high; censuses are often padded for political reasons; the absence of academic freedom; and tight control is exercised on publications.

The failure of Western methodologies in developing countries has been recognized and are being questioned. Pierre L. van Berghe (1973: p.26) writes "... thanks heaven, the 'natives' are at last starting to talk back. The emergent Western-trained intelligentsia ... have learned to challenge us within the logical framework of our ethnoscience". The

attempt here to implement the alternative research methods to those inherited from the colonial tradition is an exploratory challenge in some form. It is only hoped that this action will be carried further by Mauritian and other colleagues in developing countries.

A Methodological Departure from Colonial Tradition

The aim of this study is also to make a serious attempt to reverse the colonial pattern of 'dependency', thereby breaking away from the traditional methodology inherited from the colonial power, Britain. In other words, it is an exploratory and a modest challenge to the 'methodological imperialism' or to question what Pierre L. van den Berghe (1973: p.25) has mockingly referred to as "... the ethnocentric claim of Western social science to be universally valid, timeless, and culture-free". The focus of the research programme is on social services as experienced and perceived by the Mauritian service-users themselves vis-à-vis their needs. The methodology adopted is down-up, that is, client-oriented, confident in the belief, to use the words of Mayer and Timms (1970: p.1) that "Whatever else might be said, clients are apt to know a good deal more about their thoughts, beliefs, experiences, and reactions ... than do those who are trying to help them".

The idea of attempting to use more appropriate research methods is not only motivated by the consideration that the needs of the recipients as experienced by them are paramount. It is also because the Western research methods

applied in several projects in the developing countries have proved unproductive and ineffective for a number of reasons inappropriate to the rigour and stretch of imaginations demanded by sociological research methods. Bulmer and Warwick (1983: p.20) complained that in the 50s and 60s there had been too many surveys in the developing countries by American and European scientists, using methodologies applied in their own countries. There have also been false assumptions that the ethnocentric of "... Western social science to be universally valid, timeless, and culture-free ... (Berghe, 1973: p.25)". Drake (1973: p.58) has perhaps correctly described this tendency as "... a kind of culture-bound scientific imperialism". Furthermore, the cardinal principle of research is that methodology is secondary to the research problem and the nature of the setting (O'Barr, Spain, and Tessler, 1973: p.31). In view of the fact that developing countries are dissimilar from the so-called First World countries, the transference of research methods unmodified can be harmful, damaging, and wasteful. This is because, to quote Bulmer and Warwick (1983: p.3): "The results of social inquiry are not just fed back to fellow academics, but are used to influence the life chances of millions upon millions of people".

Approaches of Investigation Adopted

Taught and self-acquired knowledge of research methods, particularly in relation to developing countries, has indicated that it is more effective to adopt a combination of approaches. This is motivated by both unsatisfactory sources of reliable data and the desire to enhance the

quality of this study. Therefore, to increase confidence in this survey, both qualitative and quantitative methods have been used. There is nothing unconventional in this model. In order to improve the usefulness of a piece of research, Everitt et al. (1992:pp.9-10) support also the inclusion of hard data, mentioning the works of Booth, Beatrice Webb, Octavia Hill, and Helen Bosanquet, as supporting evidence. It has been argued that the use of more than one method is more likely to effectively reflect all the findings (Cronbach, Rajaratnam, and Glesser, 1963). In a study of Yoruba in Nigeria (Schwab, 1954), the hard data showed a shift in religious composition of the community under study, but, to explain and understand the reasons for the changes, the qualitative approach had to be used. Joseph Elder (1969), in his research on caste in India, realized that the qualitative techniques should also be used if the feelings of the different social classes could be gauged and interpreted. K.C. Saunders (Differentiation in the Social Evaluation of Work, unpublished PhD thesis, Middlesex University, 1991) writes: "Even in qualitative research a certain number of elements need to be quantified".

Methods of Investigation and Analysis

As indicated, this is not a study guided by the sociologists of the positivist tradition and perspective. Nisbet (1970: p.15) placed Frederic Le Play among the positivist conservative par excellence; whilst Gouldner (1971: P.191) has described the positivist tradition as that inaugurated by and continued from Auguste Comte, Saint-Simon to Durkheim. This methodological investigation and analysis can

be defined as ethnography, which is about trying to make sense of what is going on in the world of social welfare in Mauritius in difficult circumstances, as already described. In view of the multiple problems posed by this research programme, there was no alternative to acting as an ethnographer, whose goals and methodological difficulties have been described thus by Agar (1986: p.12):

"... to show how social action in one world makes sense from the point of view of another. Such work requires an intensive personal involvement, an abandonment of traditional scientific control, an improvisational style to meet situations not of the researcher's making, and an ability to learn from a long series of mistakes".

However, one is not oblivious of the critiques from the 'real' scientists of ethnographic studies. One of the criticisms often laid at the doors of ethnographers is that no two studies on a similar subject come out with similar results. This charge is unjustified in view of the fact that society is an organistic object in the Durkheimian sense, which is susceptible to changing social conditions. For example, the Mauritian wine drinkers of the 50's and 60's have moved on to beer drinking. Therefore, the report of a study in the 60s and that of a restudy now on the subject of drinking habit are bound to differ. The different cultural backgrounds of the ethnographers are also most likely to show some differences in the findings.

Also applied in the analytical and interpretive processes is the humanistic sociological perspective, as the objective is not only to promote the understanding of human interactions and social problems, but also to encourage the investigation of social reforms. The concept of 'sociological imagination' has been implemented as one of the major analytical tools considered to be more effective and productive in terms of this research programme. The main reason for also adhering to C. Wright Mills's concept of 'sociological imagination' (1970: pp.11-12) is because it

"... enables its possessor to understand the larger historical scene in terms of its meaning for the inner life and the external career of a variety of individuals. It enables him to take into account how individuals, in the welter of their daily experience, often become falsely conscious of their social positions. Within that welter the framework of society is sought, and within that framework the psychologies of a variety of men and women are formulated. By such means the personal uneasiness of individuals is focused upon explicit troubles and the indifference of publics is transformed into involvement with public issues".

Hardert et al. (1974: p.11) clarify Mills's 'sociological imagination' thus:

"The most important of Mills's sociology

include: (1) a historical perspective, (2) a social structural perspective, (3) a social psychological perspective, and (4) the integration of the different perspectives into a larger explanatory framework. It is this larger framework that he considered the most meaningful, because with it, the sociologist could shift back and forth between different levels of analysis, could go from the historical level to psychological level, for example, and then integrate these levels as they relate to human life in the past, present, and possible future".

If one looked at the works of great masters of traditional sociology, one would find that sociologists like Simmel, Mannheim, Marx, Durkheim, and Weber have all applied 'sociological imagination' to some degree.

The Respondents

Two hundred and twenty five recipients (225) of social services were subject to in-depth, face-to-face interviews all over the island. In the case of those who could not respond to questions because of disabilities, such as speech impediment, mental distress, and other handicaps, their carers, who were, and are, believed to be best placed to reflect the feelings of this category of recipients with some accuracy, were interviewed. It was decided, pressurized by limited resources and problems of access (see

Chapter 4 for detail), that it would be sufficient to interview only twenty-five informants from each of the nine Districts in Mauritius. The tenth District of Mauritius is the island of Rodriques, which is about 320 miles off the coast of Mauritius. In view of the distinct nature of its history, population, cultural and political developments, and other unique features, it has not been included in this study. The island of Rodriques requires a separate inquiry in its own right, which, it is hoped, will be undertaken in the near future.

The following Tables give the basic details of the respondents, such as their number, sex, age, status, religion, ethnicity, etc.:

Table 1
Number and Sex of Respondents of Social Services

District	No. of Male	No. of Female
Black River	15	10
Flacq	10	15
Grand Port	17	8
Moka	19	6
Pamplemousses	10	15
Plaines Wilhems	17	8
Port Louis	14	11
Rivière du Rempart	19	6
Savanne	17	8
	—	—
Total	138 (61.3)	87 (38.7)
	—	—

Table 2
Age Structure of all Welfare Respondents

Age	No.
Under - 5	4
6 - 11	29
12 - 17	15
18 - 23	13
24 - 29	26
30 - 35	20
36 - 41	14
42 - 47	18
48 - 53	10
54 - 59	22
60 - 65	18
66 - 71	15
72 - 77	9
78 - 83	10
84 - 89	1
90 - Over	1
<hr/>	
Total	225
<hr/>	

Table 3

Status of all Respondents of Social Services

Status	No.
Single	136
Married	55
Living together	2
Separated	4
Divorce	-
Widow	16
Widower	11
Orphan	1

Total 225

Table 4

Religions and Ethnicity of all Respondents
of Social Services

Religion and Ethnicity	No. of Recipients
Hindu	89
Muslim	29
Catholic	65
L'Assemblée de Dieu	1
Atheist	1
Bengali	1
Marathi	4
Tamil	13

Telugu

22

Total

225

Sources of Referrals

The original plan was to select the prospective informants on a systematic and random basis from a list of names supplied by the relevant government departments. Unable to gain access owing to circumstances beyond my control, various strategies were quickly adopted with regard to gaining access to the referrals. In the context of Mauritius, there is something that can be described as the 'street corners' society'. It consists of the groups of people, mainly male, who usually have much unoccupied time for themselves. They include the unemployed, the work-shy, those waiting for a pen-pushing job which never comes, the alcoholics, the drug addicts, the habitual absentees from work, the sick, the disabled, the old, the layabouts, and the dependants young men who are supported by relatively materially comfortable parents. Some of them invariably while away their time there, sitting in rum shops, in the barber's shop, in the tailor's shop, or under the shades of clusters of large trees, leisurely drinking, smoking, gossiping about neighbours, playing card and domino games for small stakes, or simply sitting, watching the world go by around them. The others may only be passive participants, interacting with others only in one or two activities, which interest them, or are there simply to relieve themselves of the boredom of having nothing much to

do. There, politics is another leisure item which attract many of them and is often discussed heatedly. One can also observe in this environment that political affiliations are declared and the programmes of political parties are thrashed out. Politics in Mauritius, where everyone, especially man, considers himself as a potential politician, is a major leisure interest (Mauritius News, December 1993). These shops, especially in towns and villages, are usually sited at junctions of street corners, bustling with activities. These 'street corners' societies' have a socially useful role and have been the traditional informal social centres, beginning from the early Indian immigrant labourers' settlements in the 19th century. The arrival of television on the island or the proliferation of video does not seem to have seriously undermined the lively spirit of camaraderie of the 'street corners' societies'. Apart from their socially useful functions, these 'social centres' also constitute reliable and dependable informal information centres. Life in Mauritian villages and towns is an open book: everyone knows everyone's business. It was these 'information centres', when confronted with the problem of access to official data, that supplied the referrals for interviews. In the overwhelming majority of cases the referees themselves led us to the informants, sincerely believing that by doing so they were either reciprocating for a good deed done to them in the past or were simply doing a favour with implied expectation of reciprocity in the future. A residue of the old value system still remains, despite the adverse impact of industrialization and westernization. They often stayed on until the interview

was completed, let alone interrupting now and then by throwing in a question or making a statement by way of reacting to a question. The concept of privacy in Mauritius, particularly in towns and villages, is diametrically different from what it is in the West. Not responding to a question asked by other than the informant is an affront within the system of Mauritian norms. However, every effort was made to focus the interview on the respondents and to concentrate on their responses. Four or five major concentrations of population were selected with a view to trying to provide a more or less equal opportunity to Mauritian welfare recipients to participate in the study. Nonetheless, it must be admitted, it was not always possible to adhere rigorously to this objective.

Reasons for Involving a Female 'Assistant'

Research methods cannot be too rigid in a research programme anywhere, if it is to be successfully completed. This is particularly true in the context of Mauritius, where it was revealed that, for cultural and religious reasons, a male researcher on his own will find it difficult, if not impossible, to gain access particularly to families and female informants. This is specifically true in relation to orthodox Hindu and Muslim households. To overcome the taboo, thereby speeding up fieldwork, as this had become increasingly necessary under the difficult circumstances beyond my control, a female volunteer 'Assistant' was engaged. Having together negotiated access to the potential informant, her functions were strictly confined

to sitting unobtrusively and silently and taking notes and, where there was no objection, tape-recording the interview.

Methods of Data Collection

In the interview process, a questionnaire, with several unstructured questions, was used. It took about an hour to administer the interview schedule. Where the recipients of social services could not be interviewed satisfactorily, because of their age or the severity of disabilities, physical or mental, the carer was interviewed. Interviewing the carer is recognized as contradicting the principles of client-oriented study, as this research is intended to be. However, in view of the fact that the carer, who exclusively attends to the needs of the welfare recipient, he/she is the person most likely to be able to more or less accurately reflect the difficulties of the former than anyone else. In this case, it is an approach that makes good commonsense. In my opinion, excluding those who personally could not respond to questions because of their disabilities would have resulted in an action, to use Becker's words (1966, in Douglas, ed., 1970: p.99) 'more sinned against than sinning'.

The Language of Interview: Creole

A multiplicity of languages are spoken in Mauritius. However, Creole is the lingua franca of the island. Of all the informants, only one respondent, an elderly carer of Indian origin, was not fluent in it. I am fluent in Creole, despite having resided in England for over

three decades. I also have a good working knowledge of Mauritian Hindi. The interviews were conducted in Creole, and the combination of my fluency in Mauritian patois, my knowledge of the social and cultural norms, awareness of the nature of the setting, ideological and political, and my interviewing techniques, developed and improved throughout the long period as a social work practitioner, seemed to have had some stimulating impact on the respondents. Consequently, they responded voluminously. The fact that the questions asked were seen pertinent to their presenting problems accelerated the interviewing process. Almost all of them were exposed to an interview of this nature for the first time. Many of them became very emotional during the interview and several of them broke down and cried as they eagerly tried to respond to the questions, elaborating their difficulties, as only partly recorded in this study because of lack of space. Interviewing these Mauritians and meeting them face-to-face were not only an enriching experience, but were also very painful. Their suffering is still haunting me.

Number of Refusals

There were only two refusals. One of them was a male amputee, living on the seaside, in the District of Black River. He simply picked up his crutches and walked out during the middle of the interview without uttering a word. This could have been his way of reacting to the set of questions perceived to be so critical of the government that he might have been, perhaps unnecessarily, afraid of the consequences. The other refusal was a middle aged Creole

woman in the District of Grand Port. She misunderstood us for Christian missionaries, who seem to be vying with each for converts.

Supplementary Information

As indicated, the questions were put in Creole. Those who had no objection to tape-recording their interviews were tape-recorded. In addition to completing the questionnaire, copious notes were taken not only about their responses and statements, but also about the conditions, physical, mental, environmental, relational, etc., of the respondents or recipients of social services. In short, the focus was also on what Yin (1989: p.91) calls 'direct observations'. The emphasis was on gathering as much information as possible.

Residential Institutions and Problems of Access

Investigating the quality and quantity of indoor reliefs was also central to the original plan for this research programme. With the exception of the psychiatric hospital, the residential Homes are managed and controlled by religious groups, trusts, and committees, under the supervision of the Social Security Department. The need to obtain permission from certain persons, the Committee had to be consulted, shortage of staff, residents' confidentiality, and other procrastinating and vague arguments were advanced in the process of denying access. At some Homes, there was a readiness by some officials to agree to be interviewed. Interviewing them without also interviewing some residents would have been

against the very spirit of the study. Therefore, I politely turned down their offer. In the case of the mental hospital, the psychiatrist referred to did not keep the appointment, an act indicating resistance to cooperate at the lower level of the organizational hierarchy. This type of resistance is fairly common in developing countries, as indicated by Warwick (1982: p.153). Further attempts to secure access were frustrated by being sent to other officials, who pretended that they wanted to help but their hands were tied. Where the psychiatric hospital was concerned, there might be good reasons for refusal of access. This hospital was then subjected to, it appeared, deservedly scathing public criticisms as a result of corruption and maladministration (Le Mauricien, 15.1.1992, L'Express, 21.3.1992, Mauritius News, May 1992, and L'Express, 11.11.1994).

General Perception of Institutional Care

Both facts and rumours circulated about residential institutions and the psychiatric hospital on the island had been sending out unclear and confusing messages. Consequently, few Mauritians had anything positive to say about these institutions. So far as I am aware, there are only two surveys (Chettle, 1947, and Titmuss and Abel-Smith (1960), which had investigated some selected aspects of residential establishments and their findings had exposed the services as degrading and dehumanizing. The close-door and warehousing approaches adopted by most, if not all, of the residential institutions seem to be one of the reasons why little is known about

them. If access is given, it is for some good reasons that it is invariably extended to those who will not write critically about them, as exemplified by the opening sentence of a recent article on one of the residential establishments (Le Trident, 17.7.94): "Compassion and affection towards the poor, the destitute and the homeless have for ages been among features which have characterised the Mauritian society". In other words, there are no other recent indepth studies about them. Therefore, it was felt that this research programme would be incomplete without trying to find out, even at an observational level, the standards of care in those institutions.

Covert Observations

Every effort made to gain access officially and overtly to residential institutions had proved unsuccessful. Therefore, an alternative means of access had to be thought out, if the research programme were to be satisfactorily concluded. The only method of access left was the covert one. Although I was aware that the covert method of data collection might attract criticisms on ethical grounds, I was, however, encouraged by the fact that there are precedents showing that some important surveys could have never been carried out without similar technique: for instance, Interpersonal Communication in Pentacostal Meeting (1978) on members of the Pentacostal Church; The Road to Total Freedom: A Sociological Analysis (1978) on scientologists; and on the National Front members, The National Front (1981). Recently in England a journalist had to pose as a business man to discover that some MPs were engaged in the so-called

case of 'money for questions'. Supporting the method of covert approach of data collection in certain situations, Becker (1966: p.169) quotes Melville Dalton, who says: "In no case did I make a formal approach to the top management of any of the firms to get approval or support for the research. Several times I have seen other researchers do this and have watched higher managers set the scene and limit the inquiry to specific areas - outside management proper - as though the problem existed in a vacuum". If I were allowed official access to some residential establishments, I have no doubt that there would have been considerable manipulations to make conditions appear what they were not in normal circumstances. Jorgensen (1989: p.48) argues that "Other participant observers have defended the use of covert strategies as essential to acquiring truthful information". Constrained by difficulties to obtain data about shrine ceremonies in the study in Ghana, Kinney (in O'Barr, Spain, and Tessler, eds., Survey Research in Africa: Its Applications and Limits, 1973: p.269) gave minimum information as to her interests in the subject.

Method of Access to Residential Homes

In respect of residential institutions on the island of Mauritius, covert method of data collection, facilitated by advice and encouragement from volunteer social workers, was the only means of securing access. In the mental hospital access was secured through junior members of the staff known to me and those who were sympathetic to the research programme. In both sectors, in the residential

establishments and in the psychiatric hospital, I succeeded in talking to a number of in-patients and a few members of the staff, apart from making some useful observation. The interview was in Creole, as in the case of the outdoor respondents. I had the opportunity of putting some critical questions particularly around the issue of services. Their responses, with the exception of a minority, were invariably passive and full of praise and gratitude for having been offered food and shelter: "Grand merçi Bon Dieu [Thanks to the Lord]". Having never been given the opportunity to take and make decisions, the staff were embarrassed when I asked them what changes by way of improvement they would consider should they be running the establishments. Generally they appeared to be discharging their responsibilities mechanically, without giving much thought to the quality of the service provisions. This is a clear indication of poor training and poor quality of personnel. Only in the mental hospital did I come across a group of workers, who were talking about the need to introduce effective therapeutic programmes and experimental group-living for certain categories of mental patients. However, they stressed that at their level they could not get their initiatives accepted. The issue of group pressure against innovative ideas came to the surface during the discussion. A psychiatric charge nurse said that he would be accused of as a 'Macro', a sycophant, a crawler for favour from the hierarchy, by colleagues, should he come forward with innovative ideas and good practices. The consequence could be, I was informed, in one being sent to Coventry or exposed

overtly to adverse comments and gossipings to the extent that it would not be easy to keep the job.

The Health Services

With regard to health services, no attempt was made to visit hospitals and interview patients and doctors. If these processes were incorporated in this study, fieldwork tasks would have been much more difficult and complex, if not impossible, in view of the problems of access. Only the psychiatric hospital was visited and some patients and workers were interviewed as a result of persuasion from a few ex-patients, parents of patients, and some workers. Access was facilitated by a few acquaintances working in the hospital. The three visits were also motivated by highly critical publicity regarding this particular hospital from the press. Data in respect of health services were relied on interviews from the informants and, in a few cases, from the carers. Fieldwork shows that the respondents also relied heavily on health services, which are so inadequate, poor, and negligent that the Ombudsman had to recommend investigation and an organization had to be set up to protect hospital patients (L'Express, 15.11.1994 and 18.11.1994).

Documentary Sources of Information

Fieldwork in the form of data collection really began in earnest in October 1990, when the decision to undertake this research programme was made, and, to some extent, continued beyond the period spent in Mauritius at the opening of 1992. The task of gathering information proceeded

almost continuously until the writing and revision of four drafts of the Report during the period of 1994 and early part of 1995. I began gathering data at the library of the Commonwealth Trust in London, from where I managed to get a great deal of background information for this study, such as historical documents, official letters, rare books, minutes of debates in the Legislative Council, and newspapers. The University of Mauritius, in whose library I spent a good deal of time collecting data, was very helpful during fieldwork processes on the island. I also made use of the archives of Mauritius. Radio and television, newspapers, and talking to Mauritians, young and old from the different social strata, were further sources of useful information for this study. In addition, Mauritius News, which is published in London, newspapers occasionally coming from Mauritius, letters from relatives and friends, and conversation with compatriots returning from holidays in Mauritius were also helpful. In a nutshell, fieldwork had been an on-going process from 1990 until the completion of the final Report of this thesis in 1995.

Other Sources of Information

A handful of officials, of whom some were senior staff of their Departments, were sympathetic to the research project and were willing to give interviews at short notice, a strategy deliberately adopted in order to avoid negative responses or to give them the opportunity of finding excuses in order not to cooperate with this study. As written request for an interview often, if not habitually, received

no answer, unless the researcher was commissioned by the government, I simply dropped in, produced my card, and asked for an interview. In the welfare sectors in Mauritius I am known there by a few officials because of the nature of my previous publications and my activities with the Mauritians' Welfare Association in London. This was helpful to secure interviews. On the other hand, some hard-working and ambitious officials, who were trying to modernize the colonially inherited institutions of social services on the island, were eager to discuss their interests and skills in the domain of social welfare. The interviews were partly in English and partly in Creole. Some of them were very critical of government policies, political interferences, and senior officials (see Appendix D. For obvious reasons, their identity has been concealed. In addition to 225 respondents, a relatively large number of Mauritians, some of whom are prominent senior officials in the social welfare, important officials in the voluntary social service sectors, and leading politicians, were interviewed. Although their collaboration with this study is acknowledged with gratitude, it is felt, in view of the contentious nature of this study, that it may be in the best interest of all concerned not to mention any names.

Also visited were 11 residential establishments, managed and run by different religious groups and trusts, a school for the mentally handicapped, and the only psychiatric hospital on the island. There were comparatively good opportunities to talk to some residents and patients and the staff (see Appendix C, apart from making some useful observations

helpful for this investigation.

Initial attempts to interview Ministers responsible for social welfare failed. However, in 1994, I managed to discuss some social issues and the inefficiency of existing social services with the Minister of Social Security and National Solidarity. Some sectors in the Welfare Department, particularly about young persons in hostels and children taken into care as a result of being abused, only promised to make an appointment, which, unfortunately, never materialized. In view of the difficult circumstances confronted during fieldwork in Mauritius in 1992 and also in 1994 and early 1995 (see Chapter 4 for further detail), no further efforts were made to secure interviews from some of the key persons in the welfare sectors. By then it was time to disengage from fieldwork and to leave the island. During the first fieldwork involvement ninety-one days, that is, from 2nd February 1992 to 2nd May 1992 inclusive, were spent on the island in almost uninterrupted fieldwork activities. The input per day was an average of 16 hours and the activities went on under all weather conditions, including when a cyclone was at the ominous stage of 'Phase Two'. It must also be stated that fieldwork was carried out under considerable psychological pressure from the authority. To update and review the data collected in 1992, another period of fieldwork was conducted between 3rd October 1994 and 20th January 1995. The data gathered during the latter visit to the island, in my view, has been greatly useful in considerably improving the quality of this study generally.

Clarification Notes on Responses

The responses were noted in patois and as verbatim as possible. However, no claim is made that they have been written down correctly from a linguistic and grammatical point of view. I have no expertise in linguistic theories. The responses have been transcribed from the questionnaire, audio-tapes, and notes as it is believed how the words should sound and should be written. Secondly, all the responses quoted have been provided with an English translation not only as a means of enabling the non-patois readers to read this study, but, more importantly, also to make sense of the answers conveyed by the respondents. Here, however, the meaning of the responses is translated and interpreted with confidence that it is precise and this is what the informants really want to articulate. For example, a literal translation of this statement by respondent no.7 "L'hospital pas pe faire nenrien pou li" is "The hospital is doing nothing for her". This sentence does not make much sense, unless one is a Mauritian with a knowledge of Creole or patois. To make sense of it, it has to be translated and given the correct interpretation: She is receiving bad hospital treatment". In the statement of respondent no.12 one can see another example: "Zenfants guette pou zotte meme". Literally translated, it means: "The children look after themselves". For someone unfamiliar with patois it is a compliment that the children can support themselves. In fact, the informant does not mean this at all, but that "The children are selfish and they don't help".

As will be seen, the responses of the informants have been put in the present tense, just as meant by them. Therefore, they have been analysed and discussed in the same tense. It also makes good commonsense to proceed in this way, as they were explaining the state of affairs as currently affected them and, secondly, their dire situations would be with them for a long time. Social problems in colonies or ex-colonies tend to remain unresolved for decades, in spite of the frequent political rhetoric deliberately aimed at attracting votes. A glittering example is that the poor and dehumanizing conditions, to which residents of institutional care were exposed at the time of the Titmuss survey (1960), are still there, notwithstanding some of the positive recommendations for improvement and promises made by leading Ministers that they would be implemented.

Furthermore, as supportive evidence in the analyses and discussions, numerous cases have been quoted from extracts from the informants' responses. In doing so every effort has been made to avoid the study being contaminated by personal biases and prejudices. However, I cannot claim that I have succeeded, despite all the attempts made to be as objective as possible with regards to this highly emotive topic of study from a personal point of view.

CHAPTER 3

HISTORY OF SOCIAL SERVICES IN MAURITIUS: AN OVERVIEW

Mauritius has a long history of social services, extending as far back as from the period of French colonial rule in the early 18th century. However, before discussing the origins and development of social welfare, it is important to give a brief account of the geographical position and other significant social aspects of the island. Mauritius, one of the islands of volcanic origins in the Mascarenes groups, is situated approximately on the 20th parallel of the south of equator in the Indian Ocean. It is about 720 square miles. Sited half way between Sri Lanka and the Cape of Good Hope, 500 miles from the nearest mass land, Madagascar, 1000 miles from East Africa, and over 6000 miles from Europe, Mauritius has been a relatively isolated country until recently. Its remoteness could be a factor in remaining uninhabited until the 16th century (Addison and Hazareesingh, 1984: p.1). The eminent Mauritian historian, Toussaint (1935: p.1), on the other hand, attributed the isolation to the fact that the Indian Ocean was not fully explored or was 'une mer fermée' for European sailors until 1498, when Vasco da Gama, the Portuguese explorer, rounded the Cape of Good Hope.

Physical and Climatic Conditions

Mauritius is a tropical island, with slightly varied climates at different seasons and different places. The average temperatures are 26 C. in the hottest months,

November to April, and 22 C. in the coldest months, May to October. The island is directly exposed to the hurricane belt and is often struck by cyclones, thereby causing great havoc to sugarcane plantations. The replacement of huts and houses built of timber and corrugated iron sheets by concrete buildings has considerably minimized the damage to shelters and reduced the fear of the cyclonic season.

Physically, according to Anderson (1918: p.11), Mauritius "... resembles more than one of the West Indian islands not only in shape, but also in climate, vegetation, physical geography, and beauty". The island is protected by a ring of coral reefs. It has three groups of mountain ranges, with two peaks well over two thousand feet, enclosing a fertile plateau of about 1200 feet above sea level. Unlike the neighbouring French island of Réunion, Mauritius has no live volcanic eruptions, although extinct volcanic traces can still be seen.

Discovery of Mauritius

There have been various explanations about the discovery of Mauritius. According to Addison and Hazareesingh (1984: p.3), it was Sea-Captain Fernandez Pereira who, in 1507, first sighted the island. Mannick (1979: p.19), on the other hand, stated: "Domingos Fernandez was the actual discoverer of the island in 1510, when he came with Portuguese sailors and stayed for a while...". However, Toussaint (1975: pp.15-16), Dinan (1985: p.2), and Mannick (1979: p.19) believed that there is evidence that the

discovery of Mauritius was first made by Arab sailors, facilitated by their relatively advanced knowledge of navigation, suitably designed dhow, and proximity. Hazareesingh (1975: p.1) said that 'Indian traditional sources' indicated that Dravidian seamen could have visited Mauritius in 'pre-Aryan days' and Arab sailors could have been on the island, which they named 'Dina arabi or arobi', meaning Silver Island, in the years of early B.C.

The Colonization

The Portuguese, although they named the island Isola de Cirné or Swan Island, did not colonize it, being preoccupied in colonizing more potentially rich and rewarding countries like Goa, Ceylon, Malacca, Indonesia, Brazil, Mozambique, etc. The Portuguese used the island of Isola de Cirné principally (Selvon, et al., 1983: p.1) "... as a place of call on their ocean route to the East and as a natural reserve for fresh meat".

In the 16th century, Mauritius was becoming a commercially and militarily strategic place in the Indian Ocean. For reasons of its commercial and military importance it was interchangeably known as 'The Star of the Indian Ocean' and 'The Key of the Indian Ocean'. The 16th century was also the era of mercantilism, which was (Sweeney, 1970: p.297) "... characterized by the pursuit of an active and aggressive colonial policy". The colonization policy, aggressively pursued with a view to securing and protecting colonies in the interest of trade and commerce,

led to serious military conflicts among the other colonizing countries. Strategically placed for military and commercial reasons, Mauritius became a bone of contention among the Dutch, the British, and the French, the three main colonizing powers in fierce competition for dominance in the region.

In 1598, the Dutch annexed the island, which they named Mauritius in honour of Prince Maurice of Nassau, a member of the House of Orange and stadtholder of Holland. In 1658, it was abandoned for various reasons, including for being a liability from a commercial point of view. In 1664, it was re-occupied, believing that two bases were better than one in the Cape against potential attacks by the French and the English. In 1710, the Dutch abandoned the island permanently. The Dutch introduced sugarcane from Batavia to Mauritius, which is still a dominant sector of the economy. During Dutch colonization, the forests of ebony trees were destroyed and the dodo was made extinct.

In 1715, the French occupied the island, which they named Ile de France. French colonization lasted until 1810, when the British, finding the French piratical activities of raiding and plundering British merchant ships from their base on Ile de France intolerable, attacked and conquered the island. Ile de France prospered under the French, who built the first sugar factory. After the conquest, the British re-named the island Mauritius. In spite of the occupation, French colonial culture remains a dominant

characteristic in the Mauritian culture. This is again confirmed by fieldwork in 1992 and 1994/95. On 12th March 1968, after 158 years of British rule, Mauritius achieved its independence. Since 1992 it has become a republic within the Commonwealth.

The People

Mauritius has no aborigines, as already indicated. When the Dutch took physical possession of the island in 1598, they disembarked with a mixed group of Dutch and Indonesians, some of the latter were slaves. Slaves were also brought from Madagascar. When they abandoned the island in 1710, the runaway slaves and those marooned in the jungles were left behind (Noel, 1991: p.22). Nwulia (1981: p.20) speculated that they could be the earliest batch of immigrant population on the island. The French's occupation in 1722 was accompanied by French settlers from Bourbon, now known as Réunion, and French soldiers, followed by slaves brought from the nearby island of Madagascar. The slave population also included about 6,000 Indians (Mookherji, 1958: p.367). By 1803, the total slave population rose to 60,000. In 1835, the Abolition of Slavery Act took effect in Mauritius, when no less than 60,000 emancipated slaves left the sugar estates en masse, whereby exposing the sugar industry to its greatest crisis as a result of shortage of manpower (Hazareesingh, 1975: p.11). India, with its large reservoir of untapped labour, came to the rescue. Over 40,000 Indian indentured labourers landed in Mauritius between January 1843 and March 1844 and by 1860 this number shot up to the colossal

figure of 303,000 (Mookherji, op. cit., p.371).

In these movements of people, starting from Dutch occupation of the island to British colonization, was the melting pot, producing the ethnic and cultural pluralism and also the model in race relations unique to Mauritius. Professor Hugh Tinker has perhaps correctly described the island (African Affairs, Vol.76, 1977: p.231): "Mauritius is the epicentre of all [cultural] cross-currents which surge upon the distant Mascarenes".

In March 1991, the population of Mauritius stood at about 1,050,000 and population growth was 1.4% (Mauritius News, September 1991). The Mauritian population is polyethnic and is also multi-religious. There are Hindus, who constitute the majority, followed by Catholics, who are a mixture of people from African, European, Indian, and Chinese extractions, and then followed by Muslims, Creoles, Chinese, and Europeans mainly of French origin. Like the ethnic and religious groups, Mauritius is multi-linguistic, but, according to anthropologist Burton Benedict, (1965: p.41) Creole "... is the lingua franca of the island". This is so although it is being rejected and considered status-degrading by surprisingly a growing number of Mauritians of all ethnic groups with high ambitions for themselves and their children. French appears to be the medium of communication which guarantees status promotion among the madly class-conscious Mauritians, although English is the official language.

The Economy

The economy was once sugarcane-based. It has now been substantially diversified and light manufacturing industry has successfully taken off. A 1989 Report (Bheenick and Hanoomanjee, 1989: p.14) stated that for the first time in the history of the island manufacturing products had outstripped agricultural outputs. According to 82-92: Les Années Décisives, (1992: p.19), outputs of industrial products have trebled and the sugar industry continues to decline. Mauritius, according to Mannick (1989: p.163) "... has become one of the fastest growing economies in the Third World". The Financial Times of 14th September 1992 reported in connection with Mauritius that "The overall result is a success story, where over the past decade growth has averaged around over 6 per cent". Mauritius News (July 1989) reported that workers had to be imported from Bangladesh, China, and the Philippines because of a serious labour shortage. By 1995 it was estimated that the average income per capita would rise to over Rs.60,000 (over £2,200). In 1958, according to the Titmuss Report (1960: p.9), the average income was around Rs.1000 (£75).

The Politics

Mauritius is a stable democratic society, with a long history of political development going back to the early 20th century. Stimulated by the highest rate of literacy in the region, the Mauritians are an intensely political people (Mauritius News, December 1993). In the last general election, "... no fewer than 22 political parties

and individual candidates, 360 in all, competing for 70 seats (Mannick, 1989: p.56)". The participants represent ideological and political views from the extreme right to the extreme left. The Rose-Hill/Beau Bassin 1995 by-election attracted no less than (Mauritius News, January 1995) 27 candidates from different political parties, including the Hizbullah National Party, a Muslim fundamentalist party participating in an election for the first time in the political history of the island for a seat in the National Assembly. One must bear in mind that one of the Mauritians' major leisure interests is politics (Mauritius News, December 1993). More recently (L'Express, 17.12.1994) Prime Minister Aneerood Jugnauth stated that politics is not only the Mauritians' best 'entertainment and sport', but also the signs of political maturity of a healthy democratic society: "The constant animation on the political scene reflects the image of a healthy, dynamic and lively political and democratic tradition". Harish Boodhoo, perhaps a political thorn in the flesh of many politicians on the island, puts it, influenced under the 1994/95 tense political atmosphere, in a mixture of acridity and humour thus:

"Undoubtedly, we have outrivalled many as a sporting nation. Politics being our national amusement, diversion fun or call it pastime! Apart from being an excellent indoor and outdoor game, some political scientists have also nicknamed it as our state badinage".

The policies of the current coalition government is capitalistic-oriented and pro-Western.

Social Services in Mauritius

No society, however primitive or under-developed, is without some form of social services, whether they be informal or formal. As far back as 480 BC, the Greeks, to protect the aged, women, and children against the Persian invasion, transferred them to 'reception centres', where they were provided with security and welfare provisions (Titmuss, 1976: pp.76-77). From the limited data available, it appears that Mauritius also has a long history of social services and a system of social welfare. There is no information indicating that there was a system of social welfare during the Dutch colonial period. From the minute evidence at my disposal, it appears that the slaves received no humanitarian treatment and were treated barbarically. As a consequence, Peerthum (1989: p.125) stated that many of them took to the jungles. The king of France, Louis XV 1715-1774), made an attempt through the slightly modified **Code Noir** to treat the slaves with some humanity: that is, one of the stipulations was that the baptized slaves should not be made to work on Catholic holidays (Nagapen, 1984: p.74). However, Jumeer (1989: p.103) believed that the process of deculturation through enforced Catholicism was particularly unfair to Hindus and Muslims. Noel (op. cit., p.24), on the other hand, argued that the humanitarian conditions of the **Code Noir** were there only in theory, but were never enforced in practice until emancipation: "Mais, en pratique, les

prescriptions du Code noir n'y furent jamais complètement appliquées tant que dura l'esclavage". However, there is some evidence, during almost the end of the period of French colonial rule, that some attempt was made to establish the first official department of social services. It took effect under the administration of General Decaen, who was appointed by Napoleon Bonaparte in 1803. Toussaint (1965: p.59) stated that this department was created on 28th August 1806:

"Sous le gouvernement royal il n'existait pas d'administration le bienfaisance. Sous le régime républicain le soulagement des indigents relevait de commissions tirées des administrations municipales. Au début du gouvernement de Decaen l'Agent Général de police et un négociant désigné réunissaient les fonds destinés aux nécessiteux et le préfet Apostolique les distribuait. Le 28 août 1806 Decaen créa une Administration de Bienfaisance..."

Social Welfare under the British Colonial Rule

Mauritius was surrendered to the British in 1810. The British has a long history of social services, (Fraser, 1973: p.28) operating under English Poor Law Act of 1388, reinforcing the Statute of Labourers of 1351, which, to combat labour shortage, introduced a fixed wage and simultaneously tried to dissuade labourers from moving from one Parish to another. Its origin was initially economic. In the 1530s, in the reign of Henry VIII, the

State through the Poor Laws became less repressive and more constructive in gradually seeking to accept some moral and economic responsibility for the welfare of those who could not support themselves as a result of disabilities and other reasons. Jones (1990: p.42) has correctly described existing social services in developing countries, like Mauritius, as a 'relic' of the English Poor Law legislation transferred to the colonies. However, in the context of Mauritius, social welfare began to make a real impact in the colony with the emancipation of slave labour, following the 1835 Abolition of Slavery Act, and the introduction of Indian indentured labourers. With few sympathisers and supporters, the conditions of the slaves remained (Nwulia, 1981: pp.60-61) "... as harsh under the British rule as under French rule". The Anti-Slavery Society was probably the only pressure group, which was on the side of the slaves in the face of very powerful opposition from slave owners (Mannick, 1979: pp.43-44). Indian indentured labourers, on the other hand, had great support for their grievances both from British Parliament and from their compatriots in India. In 1938, Lord Brougham in the House of Lords, condemned the resolution passed by the Indian Government, which (Hazareesingh, 1975: p.21) "... officially permitted emigration from India to Mauritius...". Protesting against Indian labourers' emigration to Mauritius, the Anti-Slavery Reporter, of 26.2.1840, (Emigration from India, 1942: p.6) deplored the proposal that "... these men [Mauritian planters] are to be favoured with an unlimited supply of labourers from Hindostan, and the noble lord supposes that

he will be able to secure the wretched creatures who may become their prey from fraud and from oppression". In 1938, a Commission of Inquiry was appointed to look into the grievances of the Indian immigrants. In 1872, another Commission of Inquiry was appointed. To minimize the problems of the labourers or to enhance their welfare, in 1842, an Order in Council authorized the Indian Government to appoint a Protector of Immigrants. His tasks were to supervise and ensure that all the conditions laid down in relation to the recruitment and the shipment of indentured labour were observed. Ironically, Adolphe de Plevitz, a white sugarcane planter, championed the cause of the 'old immigrants'. The Commission of Inquiry, appointed in 1872, accused the Protector of Immigrants of dereliction of duty. In 1901, Mohandas Karamchand Gandhi, a young Indian lawyer, who was then involved in the struggle against apartheid in South Africa, spent a day in Mauritius as the guest of Governor Sir Charles Bruce, a Sanskrit scholar. Upon meeting some people on that day and information passed on to him, he was distressed at the appalling conditions suffered by the Mauritian Indians. On 1.1.1901, he submitted a report of their situation to the Indian National Congress, which did not only result in Manilal Doctor, an Indian leader, coming to help the Indians in Mauritius, but also, as a consequence of his influence, getting the Royal Commission of Inquiry of 1909 appointed (Hazareesingh, 1975: p.74).

* The Protector of Immigrants & the Development of Social Services

In the 19th Century, poor relief was administered, as in England, at local 'parish' level. The distribution of poor relief was then included in the responsibilities of the Protector of Immigrants. Growing social problems resulted in the approval of the Poor Law Ordinance of 1902 and the creation of a separate Poor Law Department. Headed by the Labour Commissioner, his duties under section 6 were to (Titmuss and Abel-Smith, 1960: p.67):

- (1) direct and control the administration of relief to the poor;
- (2) establish, with the approval of the Governor, almshouses, workhouses, infirmaries and other asylums for the poor, and direct the management of such institutions;
- (3) receive and disburse, according to the rules herein prescribed, the amount voted annually by the Council of Government.

Section 8 of this Ordinance also extended welfare provisions to all those temporarily unemployed or in destitution as a result of ill-health or unemployment. Deserted wives were also entitled to relief. This was a major departure from the traditional poor relief confined to those only permanently dependent on it through disabilities or similar causes. As in England, however, the criteria for social services were harsh. Increased

demands for relief resulted in expenditure shooting up from Rs.200,000 in 1905-6 to Rs.327,000 in 1906-7 and Rs.259,000 in 1907-8 (see Report of Mauritius Royal Commission, 1909, Cmd., 5185, and Minutes of Evidence, Cmd. 5186, 1910). The Commissioners recommended that poor relief duties should be returned to the Protector of Immigrants, the functions decentralized, and local volunteers coopted to help assess the needs of prospective applicants for relief. But the recommendations had little impact, with functions continued to be carried out from headquarters centrally and no local committees instituted. In 1929, the Poor Relief Inquiry Commission and the Commissioners submitted their Report in 1931. Expenditure, particularly for outdoor relief, had risen steeply, which was attributed partly to the growth of 'pauperism' and partly to administrative inefficiency in the District areas. Expenditure continued to rise for both indoor and outdoor relief: in 1926, claimants for welfare provisions were 8.7 per thousand persons and they shot up to 36 per thousand persons and remained almost constant until the outbreak of Second World War in 1939. The depressed state of affairs in the sugar industry led to a massive growth in unemployment, particularly among the artisans. The Poor Law Department, unable to cope with rising claimants, sought assistance from the police to help investigate the application of certain category of prospective applicants, specifically the skilled unemployed workers. There was some disturbance among the unemployed at Port Louis. As a means of social control, funds from the Poor Law Ordinance were diverted so as to create

employment. The Second World War came to the rescue, with the creation of the Mauritius Labour Corps, to which unemployed men were conscripted.

The new Status of the Poor Law Department

Meanwhile, there had been substantial administrative restructuring in the welfare sector. Relief in the form of food was abandoned, following public criticism. The first six full-time visiting officers were appointed for the District of Plaines Wilhems to work under the supervision of a Poor Law officer. By 1938 the welfare system was also re-organized in other Districts. As a result, the tasks of the medical officers, who were initially involved in a full assessment of the needs of the applicants for relief, were appropriately reduced to providing medical care and issuing medical certificate. The Advisory Relief Board, with nominees from the Churches and the communities, was abolished in 1938. Subsequent to the Labour Ordinance of 1938, the Labour Department was created and, in 1939, the Director of Labour replaced the title of Protector of Immigrants and Poor Law Commissioner. However, the Poor Law Department functioned separately from the Labour Department. From 1946, the Annual Reports were first signed by the Poor Law Supervisor and later by the Assistant Commissioner, the title which superseded the former. In 1950, the Poor Law Department became a separate Department, with its own specific jurisdiction, under Miss M. Darlow, the Public Assistance Commissioner and Social Welfare Advisor. This Department is assisted by the local Public Assistance Advisory Committees, which

scrutinize the prospective claimants' applications for outdoor relief and make recommendations to the Commissioner. They were in existence since 1945 as Local Poor Law Boards. They represent an attempt at decentralizing welfare provisions, but the members could be tempted towards corruption in view of their ability to exert influence on applications for relief. The other major change was that the Poor Law Supervisors were transferred to headquarters, leaving the visiting officers, with powers to make instant payment, to run the offices. With organizational changes, the expenditure had also rocketed: from 1/2 a million rupees at the beginning of the war years to Rs. 1 million in 1952, Rs. 2 million in 1953, and around Rs. 7 million in 1958. A substantial number of the recipients constituted sick claimants.

Proposals for a Reformed System of Social Services

In 1948, the Public Assistance Commissioner, Mr K. Hazareesingh, put forward a radical programme of outdoor relief in a memorandum to the Colonial Secretary for approval. The ten proposals are as follows:

1. Maternity and child welfare should be the primary objective.
2. The assistance of the Churches and other religious bodies should be enlisted.
3. The scheme should be considered through existing institutions such as Public Assistance Committees and Village Councils functioning as one body.
4. The active collaboration of the Red Cross be secured.

5. A day nursery should be established where existing medical facilities are available.
6. The school buildings should be used as clinics.
7. The Sugar Industry Labour Welfare Fund should be used for the purpose of helping female employees.
8. A course of training in rural areas should be established.
9. Bulletins on social education should be issued in the principal languages from time to time and the advisability for benefit of the people should be investigated
10. The operation of this scheme must be restricted to a few areas only. It could be extended later on in the light of the experience gained.

Organizational Hierarchy

In 1959, when Professor Titmuss and his team were conducting the advisory survey, the island was divided into 11 districts, each headed by a district officer. Within the districts there were 29 offices and 21 sub-offices, staffed by about 70 local officers. The new application for relief was subjected to three assessments, first, by the local officer, second, by the district officer, and, third, by the local Public Assistance Advisory Committee. There were 39 Committees, whose members were prominent local residents selected by the Minister. The recommendations of the Advisory Committees were scrutinized by the adjudicating officers, there were 10 of whom. Above them in the hierarchy was the Supervisor and, at the top, was the Commissioner, who was assisted by

two Deputy Commissioners.

The Dilemma & Solution

The Titmuss Report found that Mauritius experienced the problem of how to distinguish a genuinely unemployed for relief from one who was unwilling to work or was working for some of the days. The current administrative arrangement, it added, was incapable of enforcing a fair and an equitable system of social service delivery. As a solution of the complex problem, it recommended the setting up of a comprehensive structure of social insurance. It was adopted and implemented.

Institutional Care (see Appendix C)

Mauritius has also inherited an institutional care, which the Titmuss Report (1960) referred in its review as 'Indoor Relief'. It also has a long history, beginning from the French colonial rule. Discussing the existence and quality of residential care under British rule in former colonies, Jones (1990: p.202) stated that it was an "... austere relics of an earlier Poor Law-style...". In Mauritius there were statutory provisions of almshouses, workhouses, infirmaries, and other asylums and hospices for paupers and destitute. The duties of the Poor Law Commissioner, in loco parentis, were also to provide orphans, abandoned, and neglected children with care, protection, and training in residential institutions and, where possible, also with family placements through fostering and adoption. It is interesting to note that even in those distant days there was legislation imposing

either a fine or imprisonment on parents or guardians found guilty of child abuse. Paupers were then admitted to residential institutions such as the Balky Asylum, Catholic infirmaries, orphanages, and convents. Some of the Catholic-run institutions were established during the period of French colonial rule (for current conditions see details under Appendix C).

Balky Asylum, an old sugar factory, provided residential placement for the old, for children, and for the Living conditions were so appalling that it was condemned as unfit for human habitation. Nevertheless, in 1901, it held as many as 373 residents. When accommodation was not available at Balky Asylum, the destitute were sent to Catholic residential institutions. In 1901, there were as many as ten residential establishments, that is, five infirmaries and five orphanages.

Indoor relief, for some reasons, did not receive similar attention by the various Royal Commissions of Inquiries as outdoor relief. However, to minimize suffering, the 1909 Royal Commission recommended that the Health and Medical Department should take over the administration of indoor relief, but the recommendation was not implemented. In 1929, the Commissioners of the Poor Relief Inquiry Commission visited five residential institutions without warning and reported that urgent improvement was needed. One of the recommendations was that the sick and the disabled should be treated separately. Mr Achia, the dissenting Mauritian Commissioner, bitterly criticized the

orphanages for handing over unconditionally orphans to families who used them as domestic servants.

For six reasons residential establishments are left unimproved and neglected. First, the residents, who in Mauritius are referred as inmates, feel grateful for having been offered sheltered. Second, they are not visible. Third, they are mainly from poor and inarticulate families, who feel greatly relieved for having found a placement for them. Fourth, the majority of the so-called caring staff are not only untrained, but also owe their position to some form of nepotism or corruption. Fifth, the majority of the senior personnel of the Ministry concerned may love their job, but neither have the skills nor the encouragement to ensure that the unfortunate residents receive dignified and quality treatment. Sixth, the pressure group, if there is one, lack political and financial independence, let alone skills, to protect those unfortunate enough to end up in a Mauritian residential Home.

Ethnic Residential Care

There was wide dissatisfaction, particularly from the Muslim and Hindu communities, about their destitute being placed in Catholic residential institutions, thereby denying them of the opportunity to hold on to their religious and cultural heritage. In 1937, the Muslim community led the way by opening their first orphanage and later on also established an infirmary. The Hindus followed their example and also opened their own orphanage

and infirmary. Nonetheless, there were grossly inadequate residential placements vis-à-vis the growing demands for places. To assuage the grievances from the non-Christian communities, in 1941, the Poor Law Department took over a 50-bed ward at the residential establishment at Calebasses and administered it directly on a non-denominational basis. According to the 1946 Annual Report of the Poor Law Department, the experiment proved unsuccessful for lack of clear policies, vision, and leadership.

The Failed Attempts to bring Improvement

Before the Second World War, the old, the infirmed, cases of tuberculosis, the epileptics, and 'discharged lunatics' were placed together in residential institutions. Later on, some attempts were made to place them according to their specific disabilities and needs. It was a partial success. In 1941, a Lady Visiting Officer was appointed to carry out an inspectorate task in relation to institutional care and orphan and destitute children boarded out with foster parents. In 1947, a scheme that every orphan should have a 'god-mother' was also promoted, but it failed for lack of competence regarding development of policies and leadership. The rehabilitative scheme, set up in 1947, aimed at encouraging residents to grow vegetables and fruits for sale, instead of begging for money, also met with total failure.

Concerned about the poor state of residential institutions and in an attempt to improve conditions for the residents,

in 1947, J.C. Chettle, a nutritionist, was asked to investigate the provision of diets. As a pilot study, four institutions were selected for the investigation. The Report, Feeding in the Infirmaries and Orphanages (1947), were highly critical of the quality and quantity of the diets provided to the residents. To have some ideas of the appalling conditions prevailed in these institutions, it is important that these statements are quoted below:

"... it cannot be expected that they [the residents] should show any desire to work. The lack of desire is not merely 'laziness' in this case, but largely the result of low food intake, which will have a definite mental as well as a physical effect".

With regard to the diet needs of the children, the Report states:

"The position is even more serious in the case of children. With the diet they are at present getting, they cannot be satisfying their energy needs, let alone their requirements for growth. It is the aim of the orphanages to give these children a chance of becoming useful and efficient citizens in the future, but with a foundation of poor health and poor growth, which must result from a consistently inadequate diet they cannot make the best use of

their opportunities".

In respect of the frail, the infirmed, and the aged, the Report criticizes and advises:

"Special consideration is rarely given to invalids or elderly people, who have to eat what they can of the general diet. An adequate suitable diet should be looked upon as part of the treatment of a such person...".

This critical comment made by the Titmuss Report (see page 210) adequately summarises the dehumanizing and barbaric conditions still prevailed in 1960:

"Too many of the 16 institutions still bear the stigma of the Poor Law. There is a serious failure to understand the emotional needs of children, the aged and the infirmed. What is provided is not the humane atmosphere of 'home', but the bare, dehumanised minimum of 'indoor relief'".

The assessment made by this study of residential institutions has shown that relatively nothing has improved since the Titmuss Report (see Appendix C). Inadequate social work skills appear to be the roots of the unacceptably appalling situation, let alone the complacent attitudes of senior personnel, made incompetent

by poor training and the situation of job-until-retirement security. The poor advice on policy development given by personnel, who are usually political appointees, to the Ministry concerned cannot remain entirely blameless for the appalling conditions in the domain of social services generally.

Health Services

Like the other structures of social services, Mauritius has also inherited a system of health services, beginning from the French colonial period. From 19th century hospital and dispensary services were made available to the Mauritians under the Poor Law. In 1871, there were six Poor Law Hospitals and the Civil Hospital. In 1901, there were about 1000 in-patients, about 400 mental patients in the Lunatic Asylum, now known as Brown-Sequard Hospital, and around 50 patients with leprosy in the Leper Asylum. It also appears that the island has inherited a culture of poor health care, a tradition which, unfortunately, is still continuing, according to data gathered during fieldwork in 1992 and recently from October 1994 to January 1995. In 1921, Dr Balfour, the Director-in-Chief of the Wellcome Bureau of Scientific Research, finding health services so appalling, commented: "In a new country one expects deficiencies but, in an old colony like Mauritius, it is distressing to find so much that is faulty and out-of-date". The Titmuss Report (1960) listed several complaints made to the researchers by the people. They included casual diagnostic examination and treatment, inferior drugs, and lack of courtesy by doctors and other

medical staff. These and other grievances had been repeated by many of the respondents in this study during fieldwork thirty-two years later (see Appendix B). As stated, fieldwork activities carried out in 1992 and 1994/95 have shown that improvement in health services are still far from desirable. According to the newspaper L'Express of 22.11.1994, four hospital doctors had been suspended for professional incompetence. The Ombudsman had recommended an inquiry into the death of a patient (L'Express, 15.11.1994). Poor medical services has also resulted in setting up an organization to protect the welfare of hospital patients (L'Express, 18.11.1994). One must add that thanks to the current Minister of Health that the once unchallengeable power of the medical profession is being challenged in the best interests of the Mauritian population. The politicization of social services generally, on the other hand, cannot be said not to have an adverse impact on efficient and effective social welfare development. The Minister of Health, Mr Régis Finette, promised to set up a faculty of medicine in Mauritius (L'Express, 4.12.1994). This political statement ignores the well-known fact that Mauritian hospitals, as also confirmed by the overwhelming majority of the respondents, are desperately short of medications.

* (In view of the dearth of information at my disposal, the above data have mainly been extracted from the Titmuss Report).

In 1991, Mauritius had four Regional hospitals, five

District hospitals, and four specialized hospitals. From 1987 to 1991, the number of government doctors increased from 449 to 533. Nurses and midwives also increased from 2,258 to 2,682 during the same period. Health services have no doubt increased considerably in recent years. Nonetheless, it is still not uncommon to come across cases where even three patients occupying one hospital bed (L'Express, 11. 1994). There has also been a rise in psychiatric patients to 5000 between 1990 and 1993 (Week-End, 16.10.1994). Heart disease and hypertension are as high in Mauritius as in major developed countries (World Health, June 1989). The same journal reported that diabetes, heart disease, hypertension, and high blood fats were among the highest in the world. Mauritius News (August 1993) reported that 63 cases of aids had recently been diagnosed in Mauritius. What Sussman (1981), in her study of medical pluralism in Mauritius, has failed to ask whether the Mauritian patients' continued reliance on alternative cures, i.e. traditional and supernatural healings, is due to the poor quality of health service provisions. In a recent speech (see Week-End, 16.10.1994), Consultant psychiatric Gaya has also failed to point out that poor diagnosis and treatment, unless one has money to be a fee-paying patient, are the fact that drives patients to what he calls 'non scientific methods of treatment'.

Current Social Service Provisions

As indicated, the emphasis on this study is restricted to outdoor relief, indoor relief, and health services. However, data collection during fieldwork in 1992 and

1994/95 has focused specifically on the first two aspects of social welfare. Therefore, the description of social services and discussions below will concentrate primarily on welfare provisions available and provided to recipients of social services in the community and to the residents interviewed and observed in the residential Homes visited.

Outdoor Relief

The term 'outdoor relief' has been defined as welfare support provided in cash or in kind to those in need of help in the community for reasons of unemployment, sudden illness, or destitution (Titmuss and Abel-Smith, 1960: pp.67-68). Its origin, as already indicated, (i.e., Jones, 1990: p.202), is rooted in the old English Poor Laws system. Jones' findings (p.198) have correctly shown that many welfare laws in former colonies are still imitations of those inherited from the imperial powers: "In former British colonies, British child care laws may have been copied almost verbatim, though the principles on which they are based would probably have been jettisoned in the United Kingdom by that time". This view has been previously expressed by Midgley (1983: p.52). Replicating the welfare principles acquired from the colonial experience appears to be a fact in all domains of social welfare in Mauritius. The then Mr Ringadoo, the former Governor-General of the island, stated that Mauritius should follow the examples of England in resolving social problems through the instrument of social services (Gayan, ed., 1990: p.vii):

"Il y a plusieurs champs d'activité qu'une municipalité devrait contrôler ou influencer, par exemple, la construction du logement, l'instruction publique et les services sociaux.... Le nouveau Conseil aura à faire face au problème du logement. Je suggère que le problème soit résolu, comme en Angleterre..."

The 'fixation with the West' can be seen reflecting in the various agencies of welfare provisions outlined below.

The Range of Social Security Benefits

The Department of Social Security is under the Ministry of Social Security and National Solidarity. According to the most recent Directory of Social Services, 1994, this Department, under the National Pensions Act of 1976, is principally responsible for three main categories of social welfare payments: (i) Non-Contributory Benefits, (ii) Contributory Benefits, and (iii) Compensation to Insured Workers. Social security benefits can be separated as follows:

Non-Contributory Benefits

A. These benefits are financed by the Government on a universal basis, that is, without means-tested. They are:

- (1) Basic retirement pension
- (2) Basic widow's pension
- (3) Basic invalidity pension
- (4) Basic orphan's pension

- (5) Guardian's allowance
- (6) Child's allowance
- (7) Inmate's Allowance
- (8) Enhanced Basic retirement pension
- (9) Carer's allowance

Contributory Benefits

B. These benefits are paid to dependants of insured persons who have contributed to the National Pensions Fund. They comprise:

- (1) Contributory retirement pension
- (2) Contributory widow's pension
- (3) Contributory invalid's pension
- (4) Contributory orphan's pension

Compensation to Insured Workers

C. Compensations are paid to insured employees injured at work or their dependants. Industrial injury benefits are:

- (1) Industrial injury allowance
- (2) Disablement benefit
- (3) Survivor's pension
- (4) Dependant's pension
- (5) Orphan's industrial injury allowance

Social Aids

The main thrust of the Social Aid Act 1983 is to provide protection and make welfare provisions available to vulnerable categories of people, i.e. the elderly, the

disabled, the poor, the widows, and the orphans. The Social Aid Division, which operates under the Ministry of Social Security and National Solidarity, is specifically responsible for developing and implementing policies helpful to these groups of people. Benefits made under Social Aids are means-tested and are payable, to mention but a few examples, to needy students' examination fees, funeral grant to the poor, and allowance to victims of fire and other disaster, etc. Payment under Social Aid has been increased since 1st. of July 1993.

Three-Tier System of Benefits

There appears to be a three-tier system of State benefits. The first tier deals with matters relating to non-contributory benefits, which are self-explanatory. That is, benefit payment is made to persons who have made no contribution toward the National Pensions Scheme of 1976, subject to meeting certain criteria. Contributory benefits are the second major type of help. Support provided under the Social Aid Scheme constitutes the third nature of welfare provision. However, the first two systems of benefits appear to be more important, whose provisions are outlined below.

Non-Contributory State Benefits

Eligibility for Basic Retirement Pension

Payable to every Mauritian aged 60 or over. But the beneficiary should reside in Mauritius for an aggregate of 12 years since the age of 18. In 1995, the amount of benefits payable are:

Age: 60 - 74:	Rs. 572	per month
75 - 89	Rs. 715	" "
90 and Over:	Rs. 3,410	" "

Eligibility for Basic Widow's Pension

Payable to widows under the age of 60 on condition that they have been legally or religiously married. Monthly payment is Rs. 572.

Eligibility for Invalidity Pension

Payable to persons between the age of 15 and 60, who are certified substantially or permanently disabled of at least 60 per cent for a period of 12 months. Monthly payment is Rs. 572.

Eligibility for Orphan's Pension

A monthly payment of Rs. 230 is payable to a child or young person, orphaned by both parents, up to the age of 15 or, if in full time education, 20.

Eligibility for Guardian's Allowance

A monthly payment of Rs. 143 is payable to a person looking after an orphan. Taking care of more than one orphan does not entitle the carer additional allowance.

Eligibility for Child's Allowance

A child's allowance is payable to a beneficiary of a Widow's Pension or Invalid Pension with no more than three children. The monthly payment for a child under

15 is Rs. 113 and Rs. 174 for a young person over 15 and, if in full time education, 20.

Eligibility for Inmate's Allowance

A monthly allowance of Rs. 81 is payable to a resident of a government-subsidized institution, provided that he or she was entitled to a basic pension prior to admission.

Eligibility for an Enhanced Basic Retirement Pension

A totally blind or paralysed person requiring constant care and attention of a carer is entitled to an enhanced retirement pension. Amount of benefit depends on age.

Age: 60 - 74:	Rs. 1,144	per month
75 - 89:	Rs. 1,287	" "
90 and Over:	Rs. 3,982	" "

Eligibility for Carer's Allowance

A monthly allowance of Rs. 476 per month is payable to carers attending on beneficiaries of Invalidity Pension requiring constant care and attention.

Contributory State Benefits

Contributory benefits are self-explanatory, that is, a contribution to the National Pensions Fund has been made.

Eligibility for Contributory Retirement Pension

Payable to a person on attaining the age of 60. Annual CRP is assessed on number of pension points X value of

a pension point X and divided by 12 for monthly CRP.

Eligibility for Contributory Widow's Pension

It is payable to a widow whose late husband had contributed to the National Pensions Fund. The monthly benefit is calculated thus: $20 \times$ average annual number of pension points \times value of one point, divided by 12. This pension is payable for life. On reaching the age of 60, the widow is entitled to the same pension as would her husband. A lump sum for 12 months is payable upon remarriage. Two-thirds of the benefit are reduced after one year if the beneficiary has no dependent child.

Eligibility for Contributory Invalid's Pension

It is payable to a person experiencing 60% incapacity, provided that he or she was a contributor to the National Pensions Fund. The benefit is of the same amount as that of the above CWP.

Eligibility for Orphan's Pension

It is payable to orphans aged under 15 and, if in full time education, 18, subject that one of the deceased parents had contributed to the National Pensions Fund. Amount payable is 15% of the contribution made by any of the parents to the NPF.

Eligibility for Industrial Accident Survivor's Pension

It is payable to a widow of an insured worker who died in an industrial accident. The widow receives

50% of the salary of the deceased worker. A Widower's Survivor's Pension is payable only where the husband suffers from 60% permanent incapacity.

Eligibility for an Industrial Accident Dependant's Pension

It is payable to an immediate relative relying on the deceased worker for maintenance, provided that the latter leaves no surviving spouse. (Amount payable unstated).

Eligibility for Orphan's Industrial Injury Allowance

7.5% of the insurable salary of the deceased parents is payable.

Support under the Social Aid Act 1983

The Social Aid Act operates under the Social Aid Division, as already stated. The focus of this Division is to devise and implement policies and programmes designed to meet the needs of underprivileged and vulnerable groups of Mauritian citizens, i.e. the elderly, the widows, the orphans, the disabled, and the needy. It is means-tested.

Allowances under Social Aid have increased since July 1st 1993. Wide-ranging benefits are made under it, which include payment of examination fees, issue of spectacles, refund of travelling expenses, funeral grant, conditional grant to residents in private and voluntary establishments, allowance to a cyclone refugee, allowance to a flood or fire victim, grant to a discharged prisoner, grant in respect of essential household items, rent allowance, and so on and on.

Medical Support

Under the Social Aid Act 1983, the residents of infirmaries are entitled to a weekly visit by a medical practitioner and, where necessary, they are provided with free prescriptions for medication. Those who are unable to attend the Medical Board as a result of their disabilities receive domiciliary visits by approved doctors. All those who are 90 years old and over equally receive a monthly free visit by a medical practitioner.

Appeal Tribunal

An Appeal Tribunal has been set up under section 36 of the National Pensions Act 1976. Section 8 of this Act enables the claimants whose applications for help have been rejected by the Medical Board to go to the Appeal Tribunal against unfavourable decisions. It also entitles an applicant aged between 15 and 59 against a negative decision for a Basic Invalidity Pension and also a claimant aged 60 and over for a rise in Basic Retirement Pension. Under section 26, a person aged 15 and over is entitled to appeal against a decision of the Medical Board for a Disablement Pension.

Other Nature of Welfare Support

The Ministry of Social Security and National Solidarity is also responsible for social services for the disabled since 1983. The Rehabilitation Unit of this Ministry operates as the nerve centre with regard to issues affecting disabled people of Mauritius and Rodrigues.

As such it liaises with and oversees various governmental and non-governmental institutions which provide services to disabled children and adults. They are:

Trust Fund for Disabled Persons

The Trust for Disabled Persons was established by the Trust Fund for Disabled Persons Act 1988. The Trust's objective is to provide vocational training to persons with disabilities.

Trust Fund for Drug Addicts

Under the Treatment and Rehabilitation of Drug Addicts (Trust Fund) Act 1986, arrangements have been made for the treatment and rehabilitation of drug addicts, with five objectives which are summarized below:

- (1) To complement existing facilities for the treatment and rehabilitation of drug addicts.
- (2) To mobilize resources locally and overseas.
- (3) To set up and manage institutions for treatment.
- (4) To organize and implement aftercare services.
- (5) To advise and support voluntary organizations engaged in preventive and rehabilitative activities in this area.

With so much drugs, both soft and hard, inundating the island, apart from being the easiest way of making a quick fortune by professional drug dealers, Mauritius's drug-addicted population is bound to rise beyond control. Unless the issue is dealt with more vigorously, the

democratic institutions of Mauritius will be undermined. There is not a day in Mauritius when someone is not arrested for drug trafficking, although the dealers or their couriers have begun to adopt very sophisticated mode of marketing their merchandise of despair and death (L'Express, 7.11.1994). Drug trafficking is also taking an international character (L'Express, 20.11.1994).

Employment of Disabled Persons

The Employment of Disabled Persons Act 1988 has as its main objective to promote job-opportunities to disabled persons. The aim is to encourage, for example, employers with 25 employees to employ 3% of persons with disabilities.

The National Council for the Rehabilitation of Disabled Persons set up under the 1986 Act is the National Co-ordinating Committee for issues in respect of disabled persons. It acts as an advisory body to non-governmental organizations with regard to policy matters, makes recommendations for improving the quality of the lives of disabled persons, co-ordinates the activities of voluntary organizations, and liaises with international organizations. Some of the activities of the non-governmental organizations affiliated to the NCRD include those providing help to those disabled persons requiring special education, vocational training, sheltered employment, day-care support, advocacy, etc. The recent Directory of Social Services (1994: pp. 59-60) shows that twenty-three non-governmental organizations are affiliated

to the Trust Fund.

Senior Citizens' Council

To support its policy designed to keep the elders in the family and improve the quality of their lives, the government passed the Senior Citizens' Council Act 1985. In 1989, it also passed into legislation the Senior Citizens' Trust Fund Act with a view to co-ordinating the activities of existing residential Homes and encourage the improvement of their management. This Council is also under the Ministry of Social Security and National Solidarity. Since 1991 the Ministry has launched a campaign aimed at developing and implementing recreational and cultural activities for its members. In 1993, 300 Senior Citizens' Clubs have been created. The recently created Welfare Unit is responsible for developing ideas, encouraging, and supporting the Senior Citizens' Clubs with financial and other means of support from the Ministry.

Residential Institutions

Currently there are 14 residential Homes under charitable status. They are referred as infirmaries. There are 7 orphanages. Data collected in 1992 showed that there were 17 residential establishments with a total of 700 residents.

Probation and Aftercare Service

The Probation and Aftercare Service is another important agency in the social welfare context of Mauritius,

particularly from the point of view that it also involves in matters relating to marital breakdown, divorce, reconciliation, access to children, and in child protection work in cases of child abuse. It is particularly significant from the standpoint of this study.

The History

The system of probation service is not only one of the earliest welfare provisions administered in Mauritius. It is also important because it has a special status in the domain of welfare services on the island, as it has always operated closely to the court system, supporting the enforcement of law and order. The probation service played an important part in this way in the colonies because (Midgley, 1983: p.51) "... crime and delinquency, prostitution and begging ... were regarded as a nuisance...", apart from being an obstacle for administering the colonies unobstructively.

Origins of the Department

It is believed that the colonial system, whether French or British, placed special emphasis on law and order. Dealing with delinquency and recidivism was one of its first priorities. Colonialism could not succeed without exercising a firm control on criminal and other disruptive or subversive activities. For this reason that this statutory service was, and is, closely linked to the court system, thereby giving the Department its importance within the welfare structure.

In Mauritius the establishment of this Department was originally pioneered in 1947. It was evolved and gained a special status as a result of a dramatic rise in juvenile delinquency. The Mauritian probation service has been modelled on its British counterpart and therefore relies heavily on the British Probation Services for training, ideas, inspirations, and direction. These processes seem to continue despite independence in 1968.

Training

All the senior probation officers have advanced training in probation work in England. However, training for basic grade probation officers is provided by the University of Mauritius. They follow the same course as that followed by social security officers and welfare officers. In addition, they receive in-service training relevant to their responsibilities. Having interviewed a few of the officers again in 1994, I find them to be effective and competent.

The Ministry

The probation service has at one time or another operated under different Ministries, including the Ministry of Social Security. It is now under the Ministry of Arts, Culture and Leisure, which is a curious arrangement in view of its roles and functions.

Jurisdiction

The Department of Probation and Aftercare Service has

extensive jurisdiction, embracing a variety of functions and roles, going much beyond its British counterpart. In addition to providing services to offenders, the Department institutes preventative work with offenders and recidivists, organizing seminars on issues of crimes and prevention, etc. Probation officers are often requested by the Court to make inquiries, to submit reports, and make recommendations in adoption matters. They are also involved in cases where applications are made, requesting permission for under-age minors to get married. Marital problems, such as cases of divorce, counselling for reconciliation, and access to children, also fall within their jurisdiction. They are also involved in the new area of child protection work in cases of child abuse. In my view, their functions are too wide and varied to be able to develop the specialisms needed to cope, for instance, with the complex issues involved in child protection work. Marital difficulties are another social problem which requires another and a specific type of expertise. Today's social problems are so complex that a re-structuring of social welfare is urgently called for in Mauritius.

Influences of Probation Service

In response to my question 'Why and how the Probation Services have managed to acquire so much power and influence?', I was told that the extensive roles and powers of this Department were due to the high standards of professionalism with which the Department operated. There is no doubt that the officers interviewed are highly motivated and dynamic persons. The influences and

competence of the probation service, the interviewees say, is indicated in the fact that ninety nine per cent of the recommendations submitted to the Courts are accepted. To substantiate this point, a recent case was outlined, where the probation officer's potentially controversial recommendation was accepted by the Court and the child concerned was placed in the custody of a voluntary agency rather than in the care and control of the child's grand parents. It was felt that this was another testimony of the great wealth of the experience and professionalism of the Department of Probation and Aftercare Service. It was believed that the recommendation was made with the welfare of the child as paramount in mind. However, this is another reflection of the reliance on the neo-colonialist thinking.

Probation officers, because of their high status in terms of influence and power, seem to be looked upon enviously by the welfare officers.

Philosophy of the Department

The emphasis is on preventative services in the community, the interviewees told me. They argue that this approach is not only cost-effective, but also more humane. In their view, imprisonment is sometimes necessary, but it does not cope with the problems of recidivism. I cannot disagree with them. Their prescription of a society with an acceptable level of crimes stresses on a more effective method of education and socialization. Under the current mode of industrialization and its many adverse impacts on

the people, it is difficult to envisage trends of a healthier society without a re-evaluation of existing social policies.

The Social Welfare Department

Another major administrative organizations for social services is the Department of Social Welfare. It is under the Ministry of Women's Rights, Child Development and Family Welfare. In the 1940s, Mauritius was severely affected by a number of social ills, aggravated by the growing problem of alcoholism, illiteracy, unemployment, poor health, and the dearth of basic social and health amenities. These problems were particularly acute in the rural areas. The morale of the people was then at its lowest ebb. Confronted with the rapidly deteriorating social conditions, the then Assistant Public Assistance Commissioner submitted a memorandum to the Colonial Secretary aimed at tackling the prevailing social problems. One of his priority measures was to establish Social Welfare Centres, through which to attempt to deal with the presenting problems. His proposals were responded to favourably and the first Social Welfare Centres were set up on an experimental basis. The main objectives were to combat the social ills by drawing on the collaborative experiences and resources of both the government and the local communities. The experiment proved encouraging and was, consequently, extended to other parts of the island. The Sugar Industry Labour Welfare Fund, another major welfare agency, financed the construction of the Social Welfare Centres. In 1975, the Ministry of Economic

Planning and Development initiated the Rural Development Programme, thereby releasing more resources to the project. The result was that thirteen centres known as Government Social Welfare Centres were constructed. They were placed under the administrative control of the Social Welfare Division.

There are now a total of 52 Social Welfare Centres on the island. They have been under the jurisdiction of different Ministries at different times. They are now under the Ministry of Women's Rights, Child Development and Family Welfare, as already indicated. The roles and functions of the Centres have changed radically particularly since 1986. The policies, the philosophies, and the helping programmes have undergone considerable renewal in the face of rapid social changes accelerated by industrialization, followed by emerging new social needs and more difficult and complex social problems. The new set of services provided by the Centres now include children's playgrounds, football grounds, spotlighted volleyball pitches, facilities to watch colour television and video programmes, photocopying machines, sports facilities, libraries, tubular frames, tarpaulins, and chairs for hire, etc.

The Aims of Social Welfare Centres

A Social Welfare Centre is defined as a nucleus institution in a village, which provides a sense of direction as aimed by the policies of central government. Under the Regulations of the Social Welfare Centres' Act

of 1961, the aims of a Social Welfare Centre are to promote and enhance the welfare of the community generally by pooling and combining the efforts of statutory and non-statutory welfare agencies together. Central to these objectives is the democratic participation of members of the community not only to promote self-growth, intellectual and political, but also to generate a sense of communal unity and an esprit de corps with a view to promoting a healthy community. The Centres, which stand as a focal point for the implementation of welfare programmes in the village, are administered in such a way that all the participating agencies have and can have an impact on the formulation and implementation of social programmes. For example, the Central Administration is represented by the Social Welfare Division, which is accountable to the supervising officer of the Ministry concerned, while the Local Committee represents the village community. One of the main responsibilities of the officers and staff, on the other hand, is to ascertain that the community is not alienated from the Central Administration. The theory is that the people should be given a full and equal participatory role in a democracy in terms of determining their needs and means of meeting them. In practice, however, the equal opportunities policy is hardly democratic, being restricted to a few government supporters and village's elites.

Social Welfare Committee: Its Roles and Functions

A Social Welfare Committee is a body of voluntary 'social workers' appointed by the Minister on the recommendation

of the Social Welfare Commissioner. The members of the Committee are said to reflect a cross-section of groups and interests in the community. Conscious of the feelings of grass-root members in the village and aware of the workings of the Social Welfare Centres, they act as an instrument of communication and liaising agency between the two entities. Members are expected to be of high calibre. They must be alert, dynamic, and far-sighted, apart from showing unflinching devotion to the responsibilities of their appointment. However, the main duty is to secure maximum cooperation from the community so as to facilitate the implementation and success of the policy objectives of the government.

The quorum of the Committee is legally seven members.

Replacement of Committee Members

Committee members also expect to demonstrate their dedication by regular attendance to Committee meetings and their contribution to the functions of the Centre. Failure to attend three consecutive meetings without a good reason usually ends up in the replacement of the member concerned. The replaced Committee member is invariably a voluntary 'social worker' recommended for appointment to the Minister by the Social Welfare Commissioner. As a consequence, one can hardly expect the replaced member to bring a different and neutral perspective to the Committee.

Activities of Social Welfare Centres

The Centres offer a wide range of activities and services

to the people of the village concerned, a few of which have been illustrated above and will be added below. It has been said that the service provisions are so wide-ranging that they meet the needs of people from 'womb to tomb', an out-dated old term borrowed from the old English system of welfare. For example, there are services which are classified as 'Maternal and Child Services'. The Centres make a monthly distribution of full-cream milk powder to babies suffering from malnutrition. The recipients are referred by a medical staff. Ante-natal and post-natal services are also provided there, in addition to talks on and advice about family planning and childcare, lectures on environmental issues and other matters considered important from the standpoint of government policies. The Centres are also used as clubs for young persons and libraries, as places for entertainment and points of organized outings. Educational activities conducted there include home economics classes. A few Centres have sports facilities, such as children's playground, football ground, volley-ball pitch, bouldrome, etc. The Centres are also used by other agencies, which are as varied as the Trust Fund for the Rehabilitation of Drug Addicts, Young Farmers, Red Cross, and Ministry of Co-operatives and Socio-cultural organizations.

Administration of Social Welfare Centres

The Centres are under the jurisdiction of the Social Welfare Division within the Division of Women's Rights and Family Welfare. Their day-to-day management is conducted

by two grades of staff, known as 'Technical Grades' and 'Minor Grades', as listed below:

A. Technical Grades *

Senior Social Welfare Officer
 District Welfare Officer
 Welfare Officer
 Home Economics Organizer
 Arts and Crafts Instructors
 Dress-making Teacher
 Seamstress
 Library Assistant
 Community Welfare Assistant

B. Minor Grades

Caretaker/Gardener
 Warden/T.V. Operator
 Night Watchman
 Relief Night Watchman
 Relief Warden

* Notes: Staff employees are mostly recruited and employed by the Sugar Industry Labour Welfare Fund. Welfare and home economics officers are employed by the government. Some of them were employees of the Sugar Industry Labour Welfare Fund in the past.

Regional Units and Centres

The country, for administrative convenience of managing the Social Welfare Centres, has been divided into 4

Regional Centres: Grand Port/Savanne, Moka/Flacq, Pamplemousses/Rivière du Rempart, Plaines Wilhems/Black River/Port Louis. The Regional Centres have supervisory control over the Centres located in their respective areas. The Regional Centres are at Goodlands, Petite Rivière, L'Escalier, and Brisée Verdière. The Regional Centres constitute a link between themselves and the Social Welfare Centres, in addition to providing some administrative and training facilities to staff at the Centres.

Fundings

The Social Welfare Centres are managed by funds allocated by both the Sugar Industry Labour Welfare Fund and grants from the government. The former provides fund for administrative purposes, while the latter allocates money for milk powder. The Social Welfare Committees are encouraged to raise funds with a view to promoting the policy objectives of the government and the Centres.

The Sugar Industry Labour Welfare Fund

The Sugar Industry Labour Welfare Fund, SILWF, for short, is another important component in the machinery of social welfare in Mauritius. At the opening of the 1940s, it was felt that something should be done in order to alleviate and minimize the deprivation and suffering of the workers in the sugar industry. It was decided that a fund should be created for this purpose. In 1948, Arthur Creech-Jones, the British Labour Government's Secretary of State for the Colonies, set up the fund under the Sugar

Industry Reserve Funds Ordinance of 1948. Hazareesingh (1975: p.126) viewed this development as "A very important step in the field of social welfare for the labourers...". Its objectives were to promote the welfare of the sugar industry employees and their children.

Fundings

The SILWF is financed by a levy imposed on all sugar sold to the United Kingdom under the Commonwealth Sugar Agreement. Some incomes are also raised by, for example, the interest charged on loans and the hiring of equipments for cultural and social occasions, i.e. tarpaulins and chairs. At the time of fieldwork (1992), an interest of 3% was charged on loans granted to the sugar industry workers for the construction of houses.

The Beneficiaries

Initially, claimants on the Fund were restricted to the sugar worker: that is, anyone earning his or her livelihood in the sugar industry. They included dockers, labourers, and small sugarcane growers. The services of the SILWF have now been extended to non-sugar industry employees in certain areas: for example, the hiring of chairs, tarpaulins, and other items is made on a universal basis. However, those who do not work in the sugar industry pay a higher rate for items available for hire.

Areas of Commitment

The activities of SILWF can be said to focus on four social domains: Economic, Cultural, Leisure, and Welfare.

Economic

Loans are made available to sugar industry workers to build or extend their houses on their own plot of land. The maximum loan given to qualified applicants is Rs.25,000, payable by monthly instalments during a period of 20 years. The loan is protected by a Mortgage Loan Scheme.

An interest-free loan is also available to sugar industry workers, who wish to invest in livestock, such as cows, pigs, chickens, etc. The loan is repayable within a period of six years. Loans are also available to buy washing machine, bicycle, motor-cycle, etc.

Under this scheme, the following financial support has hitherto been given to qualified applicants:

Cow/Bull	Rs.4000
Pigs	1500
Heifer	1400
Goats	1200
Poultry	800
Rabbits	400

Vocational Training and other Benefits

The children of sugar industry employees are also being benefited by vocational training and further education from this agency. To enhance economic opportunities in

terms of securing better paid employment in the future, some of them have been provided with financial support to attend courses on masonry, carpentry, plumbing, metal works, etc. Others have been awarded scholarships to attend such courses at the University of Mauritius as Agriculture, Engineering, Law, Management, etc.

Furthermore, three girls and three boys of secondary education from each of the nine Districts are annually allocated on merits a grant towards educational expenses.

Cultural

In recent years, there has been a revival of cultural interests in Mauritius. Partly motivated by political reasons and partly by heightened awareness of their rich cultural heritage, the Mauritians, specifically those of Indian extraction, have been investing considerable efforts and enthusiasm towards learning the history, the languages, the literature, and the music of their ancestors. At the time of fieldwork, six students were given financial incentives to study oriental languages, such as Hindi, Tamil, Urdu, Marathi, and Telugu. Interest-free loans are also provided to purchase musical instruments, i.e. tabla, harmonium, etc.

Leisure

This agency has also done a great deal in inspiring sporting and recreative interests, particularly in the rural areas. Football is a game that attracts the majority of the Mauritian islanders. Thousands of rupees have been

invested in building football pitches and other recreative facilities on the island.

Welfare

Being originally created to promote the welfare of workers from the sugar industry, it is natural that SILWF should pay greater attention to issues capable of enhancing the well-being of workers. In 1970, there was not a single Community Centre. But from 1972 onward no less a spectacular figure than 130 Community Centres were built, providing facilities for organized social and cultural activities even in the remotest villages on the island.

The Community Centre is used to run a number of activities directly financed from the budget of the SILWF. Classes are run in home economics, dress-making, handicrafts, etc. Advice sessions and talks are regularly organized on such important social issues as family planning, drug abuse, and health problems. The building is also used for meetings organized for the elderly, for watching television or video, and for indoor games, i.e. table tennis, domino, etc., for the youths of the community.

This agency also provides assistance to victims of fire or flood.

The Administration of SILWF

SILWF is now under the jurisdiction of the Ministry of Women's Rights, Child Development and Family Welfare. At the time of fieldwork, it was managed and run by the Chief

Community Development Officer, 6 Senior Community Development Officers, 4 Community Development Officers, and Community and Trainee Community Welfare Assistants.

Consistent with the philosophy of democratic community participation, the helping programmes of the Community Centre are organized and controlled by a Committee, composed of representatives from various recognized community organizations. They include the youth clubs, women's organizations, and other associations in the community. The principal task of the Committee is to ensure that the aims and objectives of SILWF are realized in terms of progress in the fields of culture, education, and economics for the sugar industry employees and their children. However, it is the officers at headquarters, the professionals who are accountable to a higher tier of authority, who chart the direction of the Centre's activities and provide the supervision.

The Coordinating Voluntary Welfare Agency

The Mauritius Council of Social Service is known under the acronym of MACOSS. It is another jigsaw in the puzzle of social welfare in Mauritius. The Mauritius Council of Social Service was established in November 1965. Its roles and functions have grown incrementally since, as dictated by rapid social changes brought about by the industrialization of the island and the new Mauritian politics. Recognizing it as an effective agency, the African Symposium held in June 1988 in Mauritius mandated MACOSS to act as the Commonwealth Liaison Unit for all the

voluntary organizations on the island. It has a membership of 95 voluntary or non-governmental organizations. The current Directory of Social Services (1994: p.50) summarises its objectives thus:

- (1) To stimulate and promote economic, social and cultural activities for the advancement of the community.
- (2) To assist in the planning and to co-ordinate the activities of member organizations.
- (3) To organize or join in the organizing workshops, seminars, conferences and training courses for voluntary social workers, personnel of voluntary, non-governmental organizations and professionals to strengthen their organizational and managerial capabilities.
- (4) To co-ordinate the activities of NGOs in emergency and natural disaster activities and programmes.
- (5) To collect, diffuse and share information pertaining to adult education and development in particular.

The Annual Report for 1990 also stated that three Ministries are affiliated to the Council. It considers itself to be 'a privileged partner of Government in the provision of social services in the fields of disability and social welfare'. MACOSS's provision of direct grants and grant-in-aid amounts to Rs. 300m in the 1993/94 budget.

Growing Influences of MACOSS

MACOSS has been growing rapidly in influence since the 80s. It has become a bridge not only between governmental and non-governmental bodies, but it has also extended its influence from the grassroots to the national and international levels. It is affiliated to the International Council on Social Welfare (ICSW). It also collaborates with Africa an-based organizations, such as the African Association for Literacy and Adult Education (AALAE), Eastern and Southern Management Institute (ESAMI), Training and Grassroots International Institutes, Innovations et Réseaux pour le Développement (IRED), and Council of International Programs (CIP).

New Challenges

Rapid social changes have confronted MACOSS with new challenges. As a consequence, it has re-orientated its activities. From 1986 onward it has extended its involvement in providing tools and office equipments to its affiliated members, apart from providing training for both volunteers and personnel. New activities with new terminologies, i.e. 'membership' and 'forward planning', have since become the annual features for MACOSS's Plan of Action. I was told at the interview that its dynamism and abilities to adapt to new situations so as to meet developing needs have proved that MACOSS has become the central nerve of non-governmental organizations in Mauritius. It has thus, it was added, legitimized its existence.

Research Interests

Since 1990 MACOSS has also shown interest in the area of research. It has carried out a national survey on the needs of the elderly in Mauritius, focusing specifically on their housing needs.

Other Welfare Organizations

In recent years a number of philanthropic movements have also been engaged in the social welfare fields, providing a large variety of support. They include Lizie dan Lamé, Fraternité Mauricienne des Malades et Handicapés, Wheel Chair Sports Association, Vivre Debout, Save the Children Fund, Society for Aid to Children Inoperable in Mauritius, L'Association des Parents pour l'Enfance Inadaptée de Maurice, Halley Movement, Rotary Club, Lions Club, Giant International, and so on and on.

Number of Recipients of Welfare Benefits

Unable to obtain up-to-date statistics on the number of welfare benefits, I am relying on the July 1991 figures. There were 89,000 pensioners, representing a total of about 9% of the Mauritian population, receiving one or another form of State benefit. In addition, there were 17,500 widows and widowers, 14,500 invalids, 1,000 orphans, and 9,000 beneficiaries of Social Aid. Those in the last category receiving help from Social Aid Fund included single parents, wives of prisoners, and some residents of residential institutions, victims of natural disasters, and students. There were 1,000 families receiving Family Allowance; 1,500 persons were on

Unemployment Relief fund; 20,000 pensioners over the age of sixty were getting contributory pension; 3,500 were recipients of Widows' Pension; 1,700 were receiving contributory Invalidity Pension; and 200 orphans were beneficiaries of contributory Orphans' Pension.

Expenditure of Social Welfare Department in 1991

The financial year of 1991 showed that no less than 30% of the total expenditure of the country went on education, health, and social security payment. From 1982 there has been a growing number of retired people, rising from 7.5% to 10.5%. The colossal figure of 89,000 people retired constituted about 9% of the total population. In 1992, at the time of fieldwork, the ratio of Mauritians dependent on social services stood at 9 to 1, that is, one out of every nine Mauritians was receiving some form of welfare provisions, specifically financial. Presenting an interesting policy document on social welfare for the 25th anniversary of the Mouvement Militant Mauricien, Steve Obeegadoo, one of the leading members of the party, states that currently Mauritius spends 12% of GDP on social expenditure (L'Express, 8.11.1994). By the year 2000 it was estimated that dependency on the Welfare State would be so heavy as to provoke considerable political and economic repercussions. As a result, a radical review of the Welfare State would be needed. There is already a growing outcry among the middle classes because of the growing burden of taxation (Le Mauricien, 14.7.1993). Financial Times (14.9.1992) puts it thus: "One prickly problem is the increasing cost of the Mauritian 'welfare

state'". Therefore, the MMM's policy on social welfare is in direct conflict with current thinking, which has begun to see that the Welfare State, if mismanaged, can be wasteful and psychologically constraining, thereby removing the incentives for the families and individuals to take responsibilities and maximize their full potential (Dench, 1994: pp.182-216). We cannot afford to repeat the mistakes of the West, although intellectually dependent as we still are on it. The 'little people', that is, the poor and the underdogs, are entitled to the rights to liberating themselves from the dehumanizing and dependent culture of welfarism.

Current Views on the Idea of Welfare State

The welfare of the people has been the dominant aspirations of Mauritius since the opening of the 20th century. Bissoondoyal, in the debates on the Titmuss Report, argued that (Debates in Legislative Council of 11th April, 1961: P.863) "... we cannot say that a parent is the only responsible party for the feeding of his children. It is the moral duty of Government to feed the children in the country...". In 1936, Dr Maurice Curé, who learned his radical politics while studying medicine in England, founded the Mauritius Labour Party. He also set up along with it one of the first major welfare agencies, the Société de Bienfaisance des Travailleurs, which was used to protect and enhance the welfare of the workers. Elected to the Legislative Council in 1934, he advocated the replacement of the Protector of the Immigrants, the initiation of the workers' rights to join the union, and

the extension of electoral franchise. Higher wages, better housing, and improved health care were the other causes that he passionately espoused in the interest of the wellbeing of the working people of Mauritius. Professor Tinker (1977: p.336) perhaps correctly described the essence of the policies of Labour Party was 'welfarism'. Making Mauritius a Welfare State had always been the objective of this party. In response to a question on welfare, Anand Mulloo, (1982: p.90) the biographer of Dr S. Ramgoolam, the Father of the Mauritian Nation, quoted him as saying "... a goal [making Mauritius a Welfare State] which we have recently realised after long and patient work...". In his Budget Speech (1991-92), the Prime Minister, strongly supporting a Mauritian Welfare State, reaffirmed the "... government's commitment to maintain free and comprehensive [social] services in this country". The current Minister of Social Security and National Solidarity endorses this view that the Welfare State is not only here to stay, but also has been established to assist all those in need of support (L'Express, 25.11.1994): "... l'Etat doit être à l'écoute de tous les défavorisés et les soutenir autant que possible...".

Mauritius being a former French and British colony, it is inevitable that the history of social services is rooted in 'colonial experience'. That is, in the context of this society, it was evolved from what Jones (1990: p.42) has described as the "... relic of a colonial poor law system...". However, its development and progress had been

incremental and reactive to 'social problems' rather than proactive. None the less, from the opening of the 20th century onward progress in the arena of social services had been consistent and even relatively rapid, particularly since the establishment of the Mauritius Labour Party in 1936. With the recommendations of the advisory survey conducted by Titmuss and Abel-Smith in 1960, the system of social welfare in Mauritius has entered the new phase of consolidation and synthesis. On the other hand, since the Titmuss Report, the Mauritian society has experienced a great revolution in terms of economic, ideological, and political structural changes that industrialization, accompanied by a new culture, has brought about in the last two decades or so. In view of the social transformation, the existing system of social services seems incompatible with the changing needs of the Mauritians under the new social conditions. This study is aimed at making an attempt to clarify the current difficult and complex situations confronting particularly the recipients of social services.

The Range of Social Welfare in Mauritius

However, as shown above, the State and non-State involvement in the area of social welfare can only be described as extraordinarily extensive. As a social work practitioner, I am particularly concerned about efficient and effective quality service-delivery. The question is that can so many competing services be really of some good use to the service-users? Data from fieldwork suggest that they can only be described as chaotic, inefficient,

and ineffective. Let alone the waste of scarce resources as a result of duplication of services, it must be nightmarish to those who are trying to bring commonsense and coordination into the various agencies, which seem to be vying with each other for awards on the stage of social welfare. The mounting social problems, as evidenced in the eclipse of communities, growth of individualism, erosion of the cohesive value system, marital breakdown, family disintegration, drug-trafficking, drug and alcohol addiction, child abuse, incidents of incest, domestic violence, burglary, robbery, corruption, and general falling of moral standards, suggest that the welfare system as a means of creating a fair and caring Mauritian society is failing. With emphasis on equity and social justice in respect of social welfare, one cannot disagree with Père Henri Souchon, this great Mauritian humanitarian, that a re-evaluation of societal developments is urgently called for (see 82-92: Les Années Décisives, 1992: p.62): "Arrêtez-vous un moment, regardez, considérez, réfléchissez avant d'aller plus loin". This is particularly the case with the current system of social welfare.

CHAPTER 4

PROBLEMS OF FIELDWORK IN MAURITIUS

The problems of conducting surveys in developing countries are often underestimated by Western scientists, mystified by the well-reinforced mythology that (Berghe (1973: p.25) "... the ethnocentric claim of Western social science to be universally valid, timeless, and culture-free". In addition to the methodological misconception, researchers from the West tend to entertain the wrong impression that studies are encouraged there. Carrying out fieldwork in one of these countries, as personally experienced with this research programme in Mauritius in 1992 and also from October 1994 to January 1995, is full of pitfalls, ranging from methodological problems to political and bureaucratic obstructions. In most cases, mine included, the topic of study itself can be the main factor determining whether the project can be successfully and effectively concluded, partially completed, or will encounter total failure. An example of this is the failure of the Camelot Project (1964), funded and sponsored by the U.S Army and the Defence Department, which sought to (Horowitz, ed., 1974: pp.4-5): "... determine the feasibility of developing a general social systems model which would make it possible to predict and influence politically significant aspects of social change in the developing nations of the world". One of the issues contributing to its failure was inadequate attention to the controversy that it might generate. This could be attributed to insufficient investigation or preparation done during the phase of preliminary planning prior to embarking on fieldwork. Discussing the issue of a chosen

topic that might help or hinder fieldwork, Warwick gives this advice (1983: p.317):

"The point is that the political reactions to a given field study are often situation-specific. An American-sponsored project in Indonesia will typically raise a different set of issues than an identical project in Latin America, and even there political contexts vary considerably. The fact of American sponsorship will typically be more of a political liability in Latin America than in Indonesia and, within Latin America, usually more controversial in Mexico than in Paraguay. Those about to fund or conduct studies in countries other than their own would do well, on both political and ethical grounds, to pay close attention to the unique configuration of interests and issues in each setting".

Inadequate Information

In terms of making adequate preliminary preparations before embarking on fieldwork, I must admit that I encountered a number of disadvantages. I left Mauritius in 1961 and returned to carry out fieldwork in 1992 and from October 1994 to January 1995, over three decades later. During this comparatively short period the Mauritian society had undergone such transformation that it is not an exaggeration to compare it with a 'revolution' in industrial, political, and cultural terms. The social change had been particularly rapid from the year 82, as stated by Oodiah in the opening

paragraph of his editorial note (82-92: Les Années Décisives, 1994: p.3):

"82-92, une décennie au cours de laquelle le pays a connu d'importantes transformations économiques et vécu de profondes mutations sociologiques, dans une contexte international mouvementé".

When I left the country in November 1961, it was in a state of bankruptcy, with a stagnant economy, a great proportion of the working population unemployed and underemployed, poverty accelerating beyond control, and signs of despair and despondency appeared to be everywhere, eroding the morale of members of the working class, like myself. Perhaps the Titmuss Report (1960: p.14) were not too far wrong when they painted the most depressing picture of the Mauritian general situation in 1960:

"We may conclude, therefore, by saying that the growth of population and other factors has led to a reduction of living standards among certain sections of the people, to growing unemployment, and to a heavy drain on the budget from a creaking system of not very discriminate aid. Without drastic action, there will be further reductions in living standards and unemployment on a scale so large that no one in Mauritius will be able to question its existence. The administration of public assistance will

breakdown under the strain and impossible burdens will be thrown on the budget".

Writing in 1972, V.S. Naipaul, the novelist and writer, added the following to the desperately gloomy situation (1972: p.257):

"Three Mauritians out of five are under twenty-one. No one knows how many unemployed or idle people there are - estimates vary from 50,000 to 80,000 - and the population grows by about 12,000 every year".

Since then the country has achieved independence; political Opposition, led by white Mauritians of French extraction, has disintegrated; the Mauritius Labour Party, which dominated Mauritian politics since the 1930s, has become a minor Opposition party; the Marxist-oriented party has, albeit for a short time, become the governing party; there has been a coalition government; the sugar industry is no longer king in the economy; the island has become famous for tourism; the labour shortage has become so acute that workers have to be recruited from overseas; and the standards of living of the ordinary Mauritians have gone up many folds. The in-between short visits after a few years, invariably made in response to cultural duties, i.e. seeing elderly or sick relatives, attending the funeral of close relatives, going for a wedding of a member of the family, or participating in a religious ceremony, were much too insufficient to be able to gauge developments, ideological

and political, at home. The feedback from compatriots returning from holidays was mostly too biased and subjective to effectively inform the planning phase. In most cases, it has been observed that their comments are not constructive, since their criticisms of the home-land are invariably based on values internalized in the country of migration or, unable to return home permanently, pretend that life-chances are greater in Britain or France than they will be in Mauritius. Mauritius News is the only main monthly journal published in London to keep Mauritians abreast with some developments at home. There are too few useful books available here, i.e. Addison and Hazareesingh, A New History of Mauritius (1984), A.R. Mannick, Mauritius: The Development of a Plural Society (1979), and Mauritius: The Politics of Change (1989), to offer clear insights into developments in the country of origin. The additional problem is, in view of the rapid social change taking place on the island, that these books become out of date literally as soon as they are published. The distance, the political and social stability, the loss of its military strategic position in the Indian Ocean since the opening of the Suez Canal in 1869, and the end of cold war with the demise of the Soviet Unions have all been contributing factors for the failure of regular news information filtering from Mauritius. Nowadays not many letters, informing us of the changes taking place there, reach us for two reasons: the Mauritians have been here for far too long and, culturally more importantly, relatives at home have lost the art of or interest in letter-writing, being preoccupied with their radio, colour television, video, and the new culture of work

hard and play hard. Furthermore, the general affluence which has penetrated almost every stratum of the Mauritian society has considerably weakened the once cohesive relationship strengthened and sustained by frequent requests for money from relatives in the United Kingdom. Money is a great incentive to keep in touch for those who rely on small donations periodically. The fact that full-time employment, in which often both partners are engaged and are earning money, to keep up with rising aspirations, adds to the problem, thereby diminishing the need or motivation to keep in touch. However, the new culture of individualism, accelerated by the industrialization of the country, is increasingly restricting relationship to the small family unit. The growth of the Mauritian Welfare State is also weakening family interaction and cohesion (Dench, 1994: p.197). Mannick summarizes the impact of social changes thus (1989: p.136): "Mauritian culture has changed markedly with industrialisation. The rising living standards, the growth of materialistic attitudes, the availability of consumer goods, and Mauritius' general affluence are affecting family solidarity. Prior to independence, the extended family and the community were strong; now, concerns and values are much more individualistic". No doubt, inadequate knowledge, aggravated by rapid social changes and new developments, multiplied the difficulties during the preparatory phase for fieldwork.

There are censuses and statistical reports, such as the Annual Digest of Statistics. It is, however, difficult to assess their reliability. My reading of research

methodologies on developing countries strongly suggests that researchers have to be extra cautious when using statistical resources. Here one does not mean to cast aspersions on the integrity of those, including the Mauritian statisticians, involved in the business of collating and interpreting statistics. Peil (1983: p.82) has advised caution in using statistics of developing countries thus:

"... while many Asian and Latin American countries have a more advanced capacity [compared with Africa], many of the same problems must be taken into account. For instance, Tannenbaum is reported as saying, 'Statistics are poetry of Latin America'. Figures are juggled to avoid or enforce tax collection, to encourage investment, to stigmatize political enemies and demonstrate one's own political success, to avoid accusations of incompetence and demonstrate the necessity of one's job, or because demands are made for figures which simply do not exist. Thus, it is never to accept a set of figures at face value without investigating the conditions which it was produced and possible sources of conflicting figures".

What is noteworthy is that tampering with statistics for political advantages is not only restricted to developing countries. It might also be a growing problem in the West.

With respect to Britain, The Guardian magazine, Society (1.2.1994: p.2), reports: "Not since the early 1980s when Margaret Thatcher's new administration imposed tight curbs on what was collected - and even tighter controls on what was published - has there been such a public act of social censorship. But it only came to light because the person censored, Muriel Nissel, is a distinguished and resourceful statistician who does not need to worry for her job because she retired more than a decade ago".

With regard to this study, an example of political manipulation can be seen in a recent statement made by the Prime Minister and reported by L'Express of 17.12.1994: "Le chef du gouvernement a rappelé le parcours économique du pays depuis 1982, soit depuis qu'il est à la barre des affaires de l'Etat. En 1982 Maurice était sur la liste des pays les plus pauvres de la planète, 12 ans après, le pays fait maintenant partie du club des pays nouvellement industrialisés et figure en deuxième place du hit-parade africain concernant la croissance économique...".

While Prime Jugnauth speaks highly of the affluence created by his administration, a politician of another political party counters his argument by speaking of wide-spread poverty and the need to extend welfare provisions (L'Express, 8.11.1994):

"Indeed, latest official statistics available indicate that for years 1991-92, 72% of individuals and 46,3% of all households earned below Rs.5000

p.m. whereas 17.8% of households earned less than Rs.3000 p.m. The less harsh reality of economic hardship and poverty confront a large number of Mauritians still...".

It has also been personally experienced that official positive response to request for permission to conduct study in politically sensitive area is often done as a means of public relations: that is, it does not always reflect the truth, as evidenced during fieldwork in this reply from the Ministry of Women's Rights, Child Development and Family Welfare:

26th November, 1991

"Dear Sir,

Thank you for your letter dated the 7th November 1991 concerning your research project aimed at exploring the origins and developments of social services in Mauritius. This Ministry will be pleased to help you by making information accessible to you."

The Multiplicity of Obstacles

The recipient-oriented research programme, whose questionnaires were sent in advance with request for access to official information, could be the main obstacle. In the face of official prevarication, denial of cooperation, evoking the principle of confidentiality, shifting responsibility on non-existent others, and raising other bureaucratic obstructions, and concealing the true reasons

for refusal of access, one can only rely on assumptions and guesses as to the presenting obstacles. This makes the life of the researcher doubly difficult. Mauritius, as already indicated, has inherited a colonial tradition of data collection, invariably reflecting a top-down model or from the officials' point of view (Chettle, 1947, Brookfield, 1957, Luce, 1958, Meier, 1959, Titmuss and Abel-Smith, 1960, and, among others, Meade et al., 1961). Therefore, request for talking directly to the respondents tends to frighten the officials, who are powerful people, in the context of colonies or ex-colonies, with a superiority complex. Bypassing their opinions about the ordinary folks is bound to generate suspicion and refusal of cooperation.

The second point is: 'Who is to carry out the survey?' This is an important issue particularly in the colonies and ex-colonies, where there is so much faith in the white European consultants, scientists, and advisors. The first reaction to a major social problem in many developing countries is to get an expert from overseas, particularly from Britain, France, or other part of Europe. This dependency is manifested in different areas. For example, the University of London is involved in the education of Mauritius (L'Express, 16.12.1994). Minister Hoffmann finds the concept **Tuttava** regarding health and safety developed by the Finnish Institute of Occupational Health superior and intends to adopt it in Mauritius (L'Express, 15.12.1994). Professor Higgins of the LSE has been the invitee of the Mauritius London School of Economics Society Trust Fund to talk on human rights (1.12.1994). In defence of the dependency,

Livingstone (1969: p.98), however, attributed this to lack of trained researchers in developing countries. Fanon (1986: p.18), on the other hand, saw that this 'dependency complex' evolving from the processes of the deculturation of the colonized people:

"Every colonized people - in other words, every people in whose soul an inferiority complex has been created by the death and burial of its local cultural originality...".

Swayed by the false consciousness in the white European researchers' 'superior intelligence', a Mauritian like myself undertaking a survey of this nature could have raised doubts whether there was adequate intellectual competence to cope, as no other Mauritian before had undertaken a similar research enterprise. This could have only encouraged half-hearted cooperation. There is also the tradition of having greater preference for certain researchers than others. It is understood that Professor Titmuss was chosen to conduct the advisory survey because of his known political sympathies with the Mauritius Labour Party. Considering this issue further, Warwick writes (1983: p.320) that the:

"... reasons could include a sincere belief that the persons in question are the most qualified; a conviction that these individuals will come up with the 'right' answers or otherwise cause no trouble...".

Nature of Study and Problems of Access

In the case of this research, I was a relatively unknown entity. It could be that my credentials, intellectual, ideological, or political, were not known enough to attract support and cooperation for the research programme. It could have also been predicted that the research would not produce the 'right' answers and, therefore, would provide powerful ammunition to political opponents.

As stated in the opening paragraph, the topic of research can be instrumental in either securing cooperation or not. For example, a proposal for a programme of research on political corruption is controversial in the developing countries and is bound to be discouraged and frustrated. On the other hand, a survey in some uncontroversial aspects of agriculture might be welcome and given maximum cooperation. With regard to this study, it might have been considered too contentious and even politically subversive, considering the situation from the point of view of the history of the politics of social welfare on the island. Social services have always constituted the basis upon which social policies in Mauritius are evolved and are constructed primarily for political advantage. Professor Tinker (1977: p.336) had perhaps correctly described the politics of Mauritius as the politics of 'welfarism'. Therefore, social services are highly sensitive issues, which are invariably used as a quid pro quo by political parties for political support, as already indicated. The promise of a package of attractive welfare policies is often the consideration in the unwritten social contract between the political parties and the

electorate. As an example, free secondary education in Mauritius owed its origin to the commitment of the Labour Party in exchange for political support at the eleventh hour of the 1982 general election, although it failed to produce the desired result: winning the election.

Since social policies are the life-blood of the survival of political parties in Mauritius, conducting inquiries into social service provisions by an 'outsider', whose credentials were unknown, like myself, could also be a factor for the obstruction to official information. So it could be because it was challenging the governing party's credibility and wisdom, especially if the results proved not to be the 'right' ones. Therefore, the unfavourable results could constitute a serious threat by providing political ammunitions to the Opposition parties. The nature of the questions in my questionnaires could have added to the problems of cooperation, let alone the client-oriented model of the study. The fact that this study sought to study the needs of the recipients of social services from their aspirations was sufficient, it appears, to hinder cooperation, as it could have been felt that the recipients would use this opportunity to express their dissatisfaction vociferously with welfare provisions. As they constituted the 'oppressed' group, this could have also contributed to the difficulty. Warwick (1983: p.321) saw that "Access will be most difficult when the study deals with groups that have been oppressed...". This is a particularly taboo area in most developing countries.

More Access Problems in Residential Care

Although the management of the majority of residential institutions is in the hands of religious groups, committees, and trusts, the government departments with welfare responsibilities have overall legislative and political control over them. With regard to the psychiatric hospital, it is government-managed. However, the government has power or influence to facilitate access for a study, if it so wishes. For reason of political sensitivity, access to residential institutions was indirectly barred. More or less the same bureaucratic arguments as in the case of access to official information were used to frustrate fieldwork. The principles of professional confidentiality were made great play of. I was told that it was unethical to allow access to interview the residents, who would not like to discuss the personal circumstances which had led them to the Home. This, when tested, did not prove to be the fact. The other arguments advanced were that there was a shortage of staff to facilitate access, and, in other cases, access could not be permitted without the approval of the Committee. At some establishments, the Committee met haphazardly, that is, when the chairmen and other influential members felt that there should be a meeting. Clearly, there was strong resistance against interviewing the residents confidentially and privately. One of the strategies was prevarication and vague promises for access if I were prepared to wait for a few weeks or months. At a few Homes, there were offers of interviews by officials, which, if agreed, would have gone diametrically against the spirit of this study. Keeping closely to the spirit of the original objectives of the

research programme was then more important to me. The offers of interviews by the officials were politely turned down.

Government's Lack of Interest in Research

Livingstone (1969: p.99) writes: "Research is vital to the purposes of social planning, to a what exists, or can be expected to exist, in a determined period ahead". Mitchell (1983: p.219) puts it thus:

"Scholars, government officials, and commercial interests in the developing countries are increasingly recognizing that survey research methods provide the only means by which systematic information can be collected and analysed for a wide range of purposes of both scholarly research and policy-making".

However, there is a lack of interest in the matter of research in developing countries, including Mauritius. This is a contributing factor towards the obstacle to access to information or cooperation. Felt pressurised to show results to the electorate, the politicians often seem to apply policies that will bring short-term and immediate material results. Researching an area of human activities requires considerable efforts, takes a long time to implement, is expensive, and the desired results are not certain. Few of today's politicians in developing countries, including in Mauritius, seem to believe that research should be given priority in the process of social planning. Most planning

programmes seem to rely on assumptions, guesses, instincts, and hunches, motivated by either political advantages or for personal aggrandizement.

The Crisis

The whole research programme was at great risk of remaining unimplemented upon arriving in Mauritius as a consequence of confronting problems of access to official information. Having spent months negotiating access and investing a large amount of time and energy in the preparation for fieldwork, believing that everything required to be done had been done adequately and satisfactorily, it was painfully disappointing and disheartening to encounter discouragement and bureaucratic obstructions on arrival. A quick assessment, whether, under the potentially difficult circumstances, it was possible to go ahead with fieldwork, had to be made. Too much, in terms of time, energy, and commitment had already been invested to consider the presenting problems other than most seriously and diligently. The unexpected difficult situation presented itself as a serious crisis in many respects. There was no one to consult on the island or I knew nobody who could help me get out of the dilemma. The distance made it impossible to make quick contact for advice with my supervisors at Middlesex University. A decision whether to proceed with fieldwork in a radically modified form, which contradicted the original plan of the research proposals, had to be made alone and quickly. It was an agonizing time. If the answer were in the negative, the sacrifices hitherto made would have been made in vain. If, on the other hand, the answer

were in the affirmative, it meant that the whole programme had to be reorganized and rescheduled. Could it be done under the difficult circumstances? This was one of the questions constantly nagging me. The pressure for an answer, both from an emotional and practical point of view, was intensive. However, a firm decision had to be made in a matter of hours whether to proceed with a radically reorganized and modified fieldwork.

The Crucial Decision

After serious consideration, it was felt that not making a serious attempt to implement fieldwork, even at a less ambitious level, would mean the end of this research programme for ever. Under the current difficult political and bureaucratic conditions, this diagnosis might be correct. Too much had already been invested in it in terms of scarce resources and commitment not to try to go ahead with fieldwork, however modified. Having firmly decided that not to proceed with fieldwork would be too great a price to pay, I began to explore the best and most pragmatic way of collecting data by other means than from the sources of official information and officially approved access to data, in spite of the blockage of access. I went around, met people who I could trust, and tried to assess their responses to the idea of an alternative method of data collection which I felt could resolve the dilemma. The exercise was conducted systematically, like conducting an exploratory survey. The research programme, as already indicated, was to concentrate only in the areas of outdoor relief, indoor relief, and the health services. The

inquiries were focused on such questions:

Are there many known recipients of social services in the area?

What are the nature of their problems?

Will they tell me their difficulties honestly?

How to locate them?

In view of the nature of the questions, will they collaborate with the study?

What would be the reactions of the government, if it became aware of the method of data collection, in view of the controversial nature of the study?

The Findings of the Pilot Study

The questions were put to a few persons from different social classes. They included labourers, shop-keepers, factory workers, teachers, office workers, small sugar growers, and some landlords. The sample population was twenty adults, twelve men and eight women, of different ages. They were randomly selected from a list of known individuals and, to speed up fieldwork, they were chosen from local residents at 4-Bornes, where my base was. The responses were helpful and positive. Indeed, they were so encouraging that I began to feel confident that the whole research programme could be saved, with minor modifications

and without too great difficulties. There was a consensus that the 'street corners' society', the traditional informal gathering at the junctions of shops, particularly in villages and towns, should be tapped for information regarding referrals. However, the nature of the study was seen to be politically too sensitive, as it appeared like interfering with the work of the authority. The advice was to keep a low profile and to exercise great caution; otherwise the whole project could be jeopardized. They said that they were not surprised why I could not obtain satisfactory cooperation from the Welfare Departments. In their warnings against political reactions as a result of the study touching on issues of political sensitivity, they quoted a number of oppressive-sounding incidents, resulting from imprudent authority-provoking actions by individuals. But, in their attempts to be helpful, they, particularly the informants with allegiance for the opposition parties, might have dramatized the incidents. However, I took notes of their advice and comments. Two major decisions came out of the findings and the preliminary preparations in Mauritius: first, fieldwork should be carried out as unobtrusively as possible and, second, no effort should be spared in order that this goal be achieved in the shortest of period. It goes without saying that it was, from a practical and psychological point of view, most difficult to conduct fieldwork under the uncertain conditions.

The Advantages

There was no doubt that fieldwork problems became almost

unresolvable at one point, as indicated above. But once the positive decision was made, the presenting problems themselves turned out to offer some unexpected insight helpful to improve the quality of the study. One of the benefits was the access to a relatively large number of sick and disabled Mauritians without any welfare support. Another gain was that I came across many compatriots, who were not only sympathetic to the research programme, but were also so supportive as to enable me to secure access to several prospective respondents and several residential institutions. Without their advice, it might have been difficult, if not impossible, to have an opportunity of assessing the quality of residential care on the island. Thanks also to a few of them that access to the only psychiatric hospital in Mauritius became possible.

There were also a few additional advantages in my favour, which minimized the initial difficulties posed by inadequate cooperation from the government departments. The fact that Mauritius is a small island, with good road network, was a great advantage for quick mobility from one place to another. I was also familiar with the island, although I lived in Mauritius continuously only for eighteen years. As a child labourer and in my adolescence, I used to travel almost all over the island in search of work. This had paid off in the fact that it familiarized me with the different Districts and regions of the island and, therefore, I found no difficult to carry out fieldwork there. My fluency in patois came particularly useful not only for the interview, but also during the whole of the fieldwork period. My

working knowledge of Mauritian Hindi was also helpful. Further asset was that I could merge with the ordinary Mauritians, in the midst of whom I was socialized and many of whose values I still share and retain. There is no doubt that being able to mix comfortably with both my compatriots generally and the respondents specifically was particularly useful during those difficult days of fieldwork.

Academic and Professional Advantages

Both my academic training in England and my comparatively long career of over fifteen years as a social worker here were effective resources in the face of unsatisfactory cooperation from the official welfare sectors when I arrived to commence fieldwork in Mauritius. Having some previous experiences in organizing and conducting researches, as exemplified by my studies on the Mauritian immigrants in the United Kingdom and in Paris, I could rearrange fieldwork with minimum difficulty and with some efficiency to meet the unexpectedly difficult circumstances. Used to making quick decisions as a social worker, particularly in court situation and at case-conferences, this was helpful when confronted with the problem of the need to reorganize fieldwork. The discipline, acquired and strengthened during the many years of both academic preoccupations and as a social work practitioner, was a great asset, let alone the patience strengthened throughout the many years of leading the tough life of a black immigrant in a racist country. Consequently, with minimum inconvenience, I could manage to adhere rigorously to the different phases of fieldwork processes as scheduled in terms of set completion time and

date. This, however, in no way suggests that the task was without problems. The difficulties were such that at times they appeared not only unsurmountable, but also disheartening, which have undoubtedly provided invaluable lessons for further research undertakings in the future.

In Hindsight

The offer of limited support and encouragement on arrival in Mauritius for fieldwork represented a major personal crisis and, initially, the presenting problems appeared so unsurmountable that giving up the whole project was thought to be the best solution. However, one must admit that the problems of fieldwork in Mauritius seemed to have been primarily derived from inadequate preliminary preparations prior to flying to the island for fieldwork. This, as already stated, was not so much a matter of who was at fault as the dearth of information available in London in connection with developments, ideological, political, or bureaucratic, on the island. It was sheer personal resources, academic, professional, and life-experiences, which saved the project from being foundered. The problems of fieldwork in Mauritius has taught me one invaluable lesson: no researcher should undertake a project believing that it will be free of obstacles, particularly if the topic is potentially controversial, as mine was. Speaking from experience, no serious research students should undertake any studies in the ex-colonies, especially if they are politically sensitive, without being fully informed of all the issues relevant to the chosen research programme.

CHAPTER 5

THE PRESENTATION OF NEEDS BY RECIPIENTS OF SOCIAL SERVICES

The responses to the question 'What are your difficulties?' have provoked a good deal of thoughts and reactions from the respondents. The unrestricted opportunities and encouragement, extended to them for the first time in their lives, to talk about their needs and unmet needs as personally experienced and felt, have revealed numerous issues of psycho-sociological importance, let alone of economic, political, and social policy implications. Many of these issues have hitherto remained hidden or aroused little interest nationally. As one scrutinizes the responses of the informants (see Appendix B), one sees ample evidence that the respondents encounter a number of difficulties, which can be encapsulated thus:

1. The overwhelming majority of the respondents experience a multiplicity of problems.
2. Disabilities can make keeping body and soul together a continuous struggle.
3. The welfare recipients are also affected by subtle and intangible difficulties, which can be generically termed as: (a) Stigma, (b) Abuse, (c) Rejection, and (d) powerlessness, etc.

Multiplicity of Problems

"Mo garçon fou. Li pas gagne l'argent. Nous mizere, missieur. Souvent nous dormi sans mangè. Mo finne vieux, missieur. Mo pas connais qui mo pou faire". [My son is mad. He does not get any pension. We're poor, sir. We often go to bed with an empty stomach. I'm old, sir. I don't know what to do].

This evidence of multiplicity of unmet needs comes from the responses of respondent no. 15. She is an old Creole woman, living at Petite Rivière in a tin shack, which, to use a Mauritian term, leaks like a 'basket'. She is small, emaciated, ill, and has a severe speech impediment, which could be as a result of cancer of the throat or some other neglected debilitating health problem. She is illiterate. She is unsure of her age, but, as she is receiving old age pension, she must be many years older than sixty. Hounded by poverty and neglect, she looks very old and weak. Sitting on the rough floor on a piece of gunny, ignoring the rain-water dripping from the leaked corrugated iron sheet roof into empty tin cans strategically placed, this lonely and helpless woman is trying to tell me her multiplicity of difficulties. Her husband died a few years ago. Since then she feels that her health is deteriorating rapidly. All the children, except the 22 years old mentally ill son, have left home. This son is violent and often, when he is psychotic, hits her. She also feels stigmatized and, as a result,

isolated because of her son's mental illness. There is also the money problem resulting from inadequate pension and the absence of welfare support to be able to lead a life above subhuman conditions. The mentally disabled son receives no pension. The carer does not know what to do in order to get financial support for her son.

"Mo pas capave faire nenrien. Si mo soeur pas amene un tigitte mangè, mo mort sans mangè". [I can't do anything for myself. If my sister did not bring me some food, I would die of hunger].

He continues, focusing specifically on his needs for health services:

"Mo pousse mo calesse jiska l'hôpital Civil. Mo finne arive laba. Mo siposè mo un dimoune malade moi. Lère mo arive labas, docteur chinois la vire so figire un cotè. Li dire moi pas vinne encore". [I wheeled myself to Civil Hospital. I arrived there. I was supposed to be the sick person. But when I arrived there, the Chinese doctor turned his face away repulsively. Then he told me not to come back].

This is part of the responses of respondent no. 149. He is in his early 30s. Both of his legs have been amputated almost to his hips as a result of industrial injuries. He occupies a tin shack, with a piece of gunny substituting for a door and a tiny window. For furniture there are a few

wooden boxes, in which are all his possessions. Lying on a dirty mattress on a low iron bed and leaning on an equally dirty pillow, he is trying to explain his difficulties. Connected with him for draining out faeces and urine is a plastic tube, through which the mixture of urine and faeces keeps on dripping into an old, heavily stained and chipped porcelain hand-washing bowl, lying directly under his bottom. The heat is at its fiercest. The shack is hot like a furnace. The stench is almost suffocating and unbearable. Sitting by his side is his sister, a small woman, a mother of five young children, with bruises on her face. She says she was beaten last night by her drunken husband. G is a very articulate and angry man, but, he occasionally digresses during the interview, especially when the questions are perceived to be critical of the government, to ask: "Ou sire mo pas pou gagne la merdement avec gouvernement? [Are you sure that I would not get into trouble with the government?]" With occasional digression, he goes on to tell me about his accident; the problem of getting a compensation; the poor treatment at the hospital; the struggle to get a wheelchair from the Red Cross; the sores on his stumps and bottom; the difficulty to get treatment; his isolation; the need to pay someone to lift him on and off his wheelchair, which is falling apart; his inability to manage with his pension; and the refusal of Cheshire Home to offer him a placement.

Analyses and Findings

The two examples quoted above can be said to be typical of the multiplicity of problems experienced and felt by the overwhelming majority of the informants in this study. Their responses (see Appendix B) bear testimony to this statement. The following data, systematically extracted from the responses of the informants, support the hypothesis further that the majority of the respondents are adversely affected by more than one problem:

Table 5
Multiplicity of Unmet Needs

Respondent no.	P.H.*	M.H.**	Financial	Others***
5	1		1	Acutely depressed Demoralized Suicidal tendency
10		1	1	
15		1	1	Behaviour problems Violent
20	1	1		
25	1			Depressed & feels unwanted
30	1		1	
35	1			Depressed & demora-

lized

40	1			Feels stigmatized
45	1	1		Feels stigmatized
50	1	1		Feels unwanted
55	1	1		Feels unsupported
60	1		1	Acutely depressed
65	1		1	Acutely depressed
70	1		1	Feels isolated & rejected
75	1			Feels depressed & unwanted
80	1		1	Acutely depressed
85	1		1	
90		1	1	Feels stigmatized & lack of support Violent behaviour
95	1	1		Feels unsupported
100	1	1	1	Feels stigmatized

105	1	1	1	
110	1		1	Acutely depressed Feels unsupported
115	1	1	1	Feels stigmatized & ignored
120	1		1	Acutely depressed
125	1	1	1	Feels stigmatized
130	1		1	Feels lonely & affected by self- neglect
135	1			Feels depressed & abandoned
140	1		1	Feels isolated & lonely
145	1		1	Acutely depressed Relies on others to live
150	1		1	Acutely depressed
155	1	1	1	Feels discriminated on racial grounds

160	1		1	Feels unwanted
165	1		1	Feels rejected & affected self- neglect
170	1	1		Acutely depressed Suicidal tendency
175	1	1		Feels stigmatized & unsupported
180	1	1		Self-neglected & drug addiction
185	1	1	1	Feels stigmatized
190	1		1	Acutely depressed
195	1		1	Depressed & demora- lized
200	1		1	Feels deprived of parental love
205	1	1		Acutely depressed Suicidal tendency
210		1		Feels stigmatized

215	1	1	Depressed alcoholic Low self-esteem
220	1	1	Acutely depressed Feels unwanted
225	1	1	Depressed & feels feels abandoned by children
	—	—	—
Total	44(98%)	19(42%)	30(67%)
	—	—	—

* **P.H.** refers to 'physically handicapped', such as paralysis, amputation of legs, blindness, deformities, and other physical disabilities that render one incapacitated and dependent on others to live.

** **M.H.** refers to 'mentally handicapped', such as mental illness and other forms of mental dysfunctioning to the extent that the persons affected cannot function without support.

*** The term '**Others**' refers to difficulties felt or actually experienced, such as stigma, rejection, depression, alienation, loneliness, powerlessness, abandonment, etc.

The heading '**Finance**' is self-explanatory, meaning

inadequate pension and inadequate income to make ends meet.

Analyses and Findings

The comparatively high figures of disabled persons mentioned in Table 5 are not surprising, in view of the extent of people suffering from one form of disability or another. The letter, dated 14th July 1994, from the Lions Club International, appealing for financial donations from Mauritian Associations in U.K., states that there are 200 cases of amputation annually and these figures are growing all the time. Quoting from the recent Census, the letter adds that there are 27,852 Mauritians classified as disabled, 17,719 of whom are Physically Disabled. Dividing the last figure into the 9 Districts in Mauritius, there are an average of 1,969 Physically Disabled persons in each District. This is a disturbingly high figure for Mauritius, a supposedly affluent and caring society. Table 5 also demonstrates, out of the sample population of 45, the majority of the respondents encounter a multiplicity of problems. However, it does not provide a clear picture of the magnitude of the difficulties. Clarification is needed. The most effective means of doing so, it appears, is by examining a few systematically extracted examples from the responses (see Appendix B).

Respondent no. 5, aged between 36 - 41, is paralysed and has subsequently become house-bound after sustaining serious industrial injuries at work. As his application for invalidity pension is taking a long time to be processed,

he has to rely on his ageing parents, generous relatives, and the support of friends to survive. As a result, he does not only believe that his life has become worthless since his incapacity following industrial injuries, for which he is receiving no medical attention, but he has also become acutely depressed. In addition to physical disabilities, he has financial problem. Aggravated by a combination of factors, physical incapacities, reliance on others to live, and low self-esteem, he has become acutely depressive. Crying like a small child during the interview, he says: "Bon Dieu si pas le prend moi. Combien fois mo finne rode jette mo le corp dans cascade. Mais mo pas ena courage pou faire li. Pas ena la vie pou moi". [Even God is refusing to take my life. I've several times tried to commit suicide, but I can't do it. There is no life for me].

Respondent no. 25, aged between 54 - 59, is wheelchair-bound, following the amputation of his legs. He is a very articulate man. He has no financial problem. Nonetheless, he feels that because of his physical difficulties he sees himself imprisoned for the rest of his life in the wheelchair and, as a result, has to depend on others to live. Consequently, he regards his life as worthless, a feeling which aggravates the state of his depression. He summarizes the conditions of his life thus: "Mo vive couma un derniè charitable. Quand ou handicapè ou perdi tout ou respè. Ou prope dimoune dans la cage rejette ou". [I now lead a wretched life. When you're disabled, you also lose your dignity. You're then even

disowned by your immediate family].

Respondent no. 50 is the carer of her 35 years old sister, who is mentally ill and on a heavy dosage of medication. She is, as a consequence, like a zombie, literally half dead. She is sitting on her haunches, looking starved, neglected, and frightened, outside in front of the house. Speaking on her behalf, the carer, who looks anaemic and exhausted, explains her difficulties: "Pension pas assez. Mo bizin faire tout pou li. A cause li mo pas capave alle travaille. Mo couma un prisonniè avec li. Dimoune dire qui nous un famille fou". [The pension money is not enough. I've to do everything for her. Because of her I can't go to work. I'm like a prisoner with her. People also say, because of her, that we're a mad family].

Respondent no. 75, aged between 54 - 59, has had both legs amputated as a result of gangrene induced by diabetes. In addition to his physical disabilities and inability to use his crutches because they are too heavy and they hurt his stumps, he alleges that he is being physically abused by his children. As a result, he feels unwanted. He accuses his children as ungrateful: "Zenfants jordi bien 'nimakkaram'". Choosing death as preferable to life, he continues: "Mo pas peur la mort. Pou mort jordi. Pou mort dimain. Un jour bizin mort même". (I'm not afraid of death. Dying today or dying tomorrow makes no difference, as one day I must die].

Respondent no. 100 is the carer of a 9 year old boy, who is both mentally and physically handicapped. He looks heavily swollen and, as a result, is ridiculously deformed. Interviewing the carer, she talks about the money and health problems of the boy, but, she adds, she can cope with these difficulties. However, she finds it difficult to deal with the harassment and persecution that the boy is experiencing by outsiders. He is referred to as 'Bonhomme loulou', bogeyman, 'Ti cochon', Little pig. She is also unhappy that the hospital doctor has diagnosed the boy as mentally handicapped, a label that inevitably results in the whole family being stigmatized. In response to my question regarding advice from the Welfare Officer, she says in a complaining tone: "Cente social perdi le temp. Jisse Indiens qui zotte donne faveur. [Going to the Social Centre for advice is a waste of time. The Welfare Officers only help the Indians]. She implies that there is racial discrimination against the Creoles at the Social Centres, which, it has been observed, are staffed mainly by Hindus.

Respondent no. 125 is the carer of a 30 year old woman, who has severe mental and physical disabilities. Locked outside, she spends most of her time, almost naked, sitting next to piles of her own faeces, playing with some pebbles. She can't speak. To make herself mobile, she has to crawl with considerable effort, which is painful to watch. Finding the questions focusing directly on her difficulties, the carer's responses can only be described as voluminous. She talks about the inadequacy of

the pension for her daughter, her own poverty, lack of interest by the Welfare Department in her problems, the absence of facilities for the disabled like her daughter, and the stigma of having a disabled member in the household. She concludes the interview by saying: "Dimoune pauve finne maudi même [Poor people are cursed people]".

Respondent no. 150 is a male, aged between 30 - 35, is paralysed, following a brain-tumour operation. Sitting on a stone outside under the shadow of a large tree, he, still feeling angry about the hospital treatment, says bitterly: "Mais mo finne pli malade. Avant mo ti capave marchè. Astèrela mo pas capave marchè". [Despite the operation, my health has become worse. Before the operation I could walk. But now I can't walk]. He adds that his pension is not enough and has to rely on his elderly mother's pension to survive. He suggests that I should ask the Ministers to try to live on his pension and see how hard it is: "Dire sa banne ministes la essayi vive avec sa l'argent la". His concluding remark at the interview is: "La misère un derniè zaffaire lor la terre. La misère avec lenferre presque pareille". [Poverty is the worse thing on earth. Poverty and hell have almost the same disastrous consequences].

Respondent no. 175 is the carer of two boys aged 11 and 20 respectively. The first one suffers from cancer, which is terminal. The second son suffers from mental illness and his behaviour is such that he has to be

tied to a tree as a means of controlling him. Responding to questions about her 20 years old son, the carer says: "Li donne moi boucoup traca. Parfois li rode sauvè. Li alle dehor li faire ti tour tout en place". [He gives me a lot of worry. Sometimes he tries to run away. He defecates and urinates here itself]. She also explains how she feels stigmatized by the presence of her mentally ill son: "Docteur mental finne dire moi li bizin resse dans l'hopital. Mais couma mo capave qitte li labas. Dimoune pou rire nous. Pou dire ena un dimoune fou dans nous la cage". [Doctors have told me he must be admitted to the mental hospital. But how can I leave him there? People will ridicule us and will say that there's a mad person in our household].

Respondent no. 200 is the carer of his 10 years old grandson, who is physically disabled. The boy's parents are working and studying in France. The carer, becoming disabled with age, is at the end of his tether. Affected by a strong feeling that the boy has been abandoned with him and he has been taken advantage of, he says: "Mo finne vinne vieux. Mo pas capave ocupe li. Mo finne dire so papa faire un demarche pou li vinne la France. Li pas pe capave". [I'm old. I can't look after him. I have asked his father to try to bring him over to France. But he says he can't]. The grand mother, who is also becoming disabled with age, adds that the boy also has a sister left with them. She complains that they can't maintain the children, as their parents don't send any money.

Respondent no. 225 is in his 70s. He is blind and his wife-carer is ill. He complains about the inadequacy of the State pension: "Si pension ti assez, nous ti capave paiye un dimoune pou aide nous [If the pension money were adequate, we could have hired someone to help us]". He also feels he has been abandoned by his children: "Tout zenfants finne allè [All the children have left us]". There is also a great reluctance on his part to approach his children for help in time of need. This seems to be a growing phenomenon on the island, as the traditional cultural values with regard to mutual responsibilities between parents and children are being crushed and disintegrated under the steamroller of the new culture of individualism and materialism. Responding to my question why support is not sought from the children, the informant says: "Zotte ena zotte prope problèmes. Nous pas capave agache zotte". [They have their own difficulties to cope with. We feel we can't bother them with ours]. At the end of the interview, he expresses his sense of hopelessness and disillusionment with life thus: "Si liziè finne fini, la vie finne fini [With my eye-sight gone, my life has also come to an end]".

Service-Users' Struggle to Live

Having clarified the fact that the overwhelming majority of the recipients of social services encounter a multiplicity of difficulties, in the following analysis and discussion it is also proposed that they have to struggle to make ends meet. This is particularly so because of their limited or more or less

fixed income in an environment of free market, where intensive competition for goods and services takes place. The argument will also focus on the hypothesis that the needs of the disabled are not only greater than their able-bodied compatriots, but they also need more money to maintain themselves, apart from experiencing greater suffering. These propositions have been conceptualized on the basis of data accumulated from fieldwork and discussions with members of the public, including senior officials in the Welfare Department. The best way of proceeding with this discussion is to illustrate a few examples, which, although unsystematically selected, it is believed, will stimulate the debate and might even encourage further research in this specific area:

Table 6

Reasons for Complaint of Inadequate Pensions

Respondent No.	Reasons
7	"Mo bonhomme gagne ti gitte l'argent. Transport l'hospital coute un quantité l'argent". [My husband is on low wages. Fares are expensive to keep hospital appointments].
18	"Un dimoune capave vive avec 480 roupies? Si mo pas ti bizin guette li, mo ti capave alle travaille. Dimoune couma nous bizin encourage nous". [Can a person live on Rs.480? If I did not have to look

after her, I could have gone to work. Those with disabled people to care for need government support].

- 52 The respondent, speaking for his 33 years old son, who is mentally ill and violent when psychotic, explains why it is expensive to maintain him: "Lèrè li malade, la police refige pou amène li l'hôpital. Bizin prend taxi. Quand li dans l'hôpital mental, bizin donne un ti l'argent un patient cequi un pe bien pou occupe li. Bizin donne sa nurse la si un ti gousse. Sans sa zotte pas pou prend li conte". [When he is psychotic, the police refuse to take him to hospital. A taxi must be hired. When he is in hospital, a less ill patient must be given some money to keep an eye on him. A bribe must be given to the nurse. Otherwise there will be no care for him].

- 64 The sick grandmother-carer explains the money problem thus: "So mama un veuve. Li bizin alle travaille. Mo bizin guette li jiska mo mort". [Her mother is a widow. Therefore, she has to work to support the family].

The carer says she has to leave the 19 years girl strapped to the bed in order to prevent her from smashing the furniture and beating her.

- 68 The respondent is paralysed and relies on invalidity pension. He says it has become so difficult to make ends meet that he has stopped his children from going to school so that their earnings can supplement the family's income:
- "Nous arette zenfants zotte l'ecole pou zotte alle travaille".

- 85 A 91 year old woman has been lying in bed for several days, following a fall. The carer, who is also an old age pensioner, says he has no money to buy medication. Helplessly watching her slowly dying, he adds:
- Li un grand dimoune sa. Nous pou garde li jisqua so dernièr jour finale".
- [She is an important person. We shall keep her here until she dies].

- 86 The carer complains that it is too expensive to look after her 83 years old blind sister-in-law: "So pension la pas assez sa. Li bizin mangè

speciale. Bizin amène li l'hôpital dans loto. Bizin achète so médecine". [Her pension is not enough. She needs special diets. She needs a taxi to keep her hospital appointments]

- 91 This respondent, raising the problem of getting a higher rate of pension for her 25 years old son, who has severe mental and physical disabilities, says: "Comi pension la faire politique. Mo pas connais qui mo pou faire avec li. Gouvernement bizin prend li". [The pension clerk is unhelpful. I don't know how am I going to cope. The Welfare Department must take him away].

- 104 The carer has to go out to work, thereby leaving the 75 years old blind mother, who is disfigured as a result of burns suffered years ago. The respondent says: "Si mo ti gagne assez l'argent, mo ti capave resse la cage pou guette mo mama jiska li mort. Li espère moi vinni pou ocupe li". [If the pension were sufficient, I could have stayed at home to look after my mother until

she dies. She has to wait for me to return from work in order to attend to her needs].

- 106 The carer of a 13 year old boy, looking half his age, abused, neglected, tied inside a cot in his excreta and urine, says she can't take him to a mental hospital for treatment: "Mo pas ena l'argent pou paiye transport. Mo pas finne amène li. Nous bien misère, missieur". [I've no money to pay for the fares; so I've not taken him to the mental hospital for treatment. We are very poor, sir].

- 112 The 12 years boy is paralysed and is wheelchair-bound. Dissatisfied with hospital treatment, the carer has spent Rs.1300 to have his feet massaged. Now in debt and cannot afford further private treatment, the carer has devised his own remedy for the disabled boy: "Trappe piè. Diboute. Asigè. Levè. Trappe piè. Diboute". [Hold the tree. Stand up. Sit down. Stand up. Hold the tree. Stand up].

- 126 The respondent, complaining about the inadequacy of welfare support for his severely handicapped 28 years old son, says: "L'argent un grand problème. Nous peur pou qitte li tout seul. Li capave tombè. Li capave blesse li mème. Mais qui nous pou faire?" [Money is a major problem. We're afraid of leaving him unsupervised to go to work. He might fall and hurt himself. But what can we do?].
- 130 Crying, the sick and lonely bachelor returning from the hospital with a prescription, says: "Mo pas capave achetè medecine. Mo pas ena l'argent. Plito mort mème". [I can't buy the medication. I've no money. I would be better off dead].
- 140 This lonely respondent complains angrily that his pension is inadequate to live on. He says by the time he pays his rent, electricity, and water rate he has no money left for food. He also adds that he has to buy his medications, as the hospital doctor prescribes nothing more effective than panadol.

- 149 This pitifully handicapped respondent complains of inadequate financial support: "Si mo soeur pas amène un tigitte mangè, mo mort sans mangè [If my sister did not bring me some food, I would die of hunger]". With his Rs.400 pension, he adds he has, in addition to paying for food, rent, etc., to pay someone to lift him into and from his wheelchair: "Bizin paiye un dimoune pou mette moi dans mo chaise roulante tout le jour".
- 154 The carer for a severely handicapped 8 year old boy, who is sharing a tin shack with relatives, complains that the Rs.240 disabled pension is not even enough for food: "Mo gagne 240 roupies pension pauve. Sa pas assez sa même pou mangè".
- 188 The carer of a 7 year old boy, with severe disabilities, explains how expensive it is to look after him. Her outgoings include fee for private doctors, witch doctors, and live sacrifices and donations involved in vows. She puts it thus: "Mo finne

faire beaucoup promesse. Même mo finne
 donne la vie (black goats and cocks). Mais
 mo pas finne trouve un bout". [I've
 taken many vows. I've even offered
 live sacrifices, but his health
 conditions have remained unchanged].

200 This lonely old man, with a fractured
 hip, says most of his pension money
 goes on medication. He says: "Resse
 un journè cotte l'hôpital. Docteur
 donne panadol. Li dire pas ena mede-
 cine. Li dire vinne guette li dans
 so la cage. Si ou pas capave paiye
 docteur, ou mort". [I spent the whole
 day at the hospital. He gave me
 panadol. He says there is no other
 medication. He asked me to come to
 his home for private consultation.
 If you don't have money for private
 doctor, you die].

208 This sick respondent finds it diffi-
 cult to make ends meet with her
 pension. Disillusioned with life, she
 asks: "Quand la fin dimoune pou
 vinni? Vinne un fois. Finne lère pou
 mort. La vie un martire pou nous".
 [When will the world end? It should
 happen now. It's time to die. Life

is a punishment for us].

- 215 Disabled by diabetes and gangrene, this respondent says he also has to rely on his elderly mother to live, as he has extra expenses. He has to use private medicine for this reason: "Traitement l'hôpital sa couma dire zotte pe guette un li chien. Qitte fois un li chien si gagne pli bon traitement". [Hospital treatment is as bad as only fit for dogs. Perhaps dogs receive better treatment than that given to people]. He adds: "Sa banne ministes la perna jugement sa. Donne zotte sa doublè sa pension la [Rs.480]. Mo guettè si zotte capave vive". [Those ministers have no commonsense. Give them double of my pension. Let's see if they are able to live with this money].

- 218 Elderly respondent looks after orphan grand daughter, who is mentally ill and violent. She complains that the pension money is inadequate and she has to leave her unsupervised and go to work: "Mo bizin alle travaille. Pension pas assez". She also explains how

she manages to go to work: "Avant
 mo alle travaille mo donne li deux
 cassè en plisse. Coumsa li resse
 dormi jisqua mo retournè". [Before
 I leave for work I give her a couple
 of extra tablets. They keep her
 asleep until I return from work].

Analyses and Findings

The examples shown under Table 6 establish two points most clearly: first, the needs of many of the recipients of social services require more financial and other support than the available current social welfare provisions; second, there is a strong correlation between the inadequate welfare support and the deprivation and suffering experienced by the welfare recipients as well as their carers. Respondent no. 7, for instance, says that the income is so inadequate that it is hardly possible to keep all hospital appointments for medical treatment. In the statement of respondent no. 18 it is implied that the inadequacy of the pension has the repercussion of making the welfare recipient a burden: "Can a person live on Rs.480? If I did not have to look after her, I could have gone to work". However, respondent no. 52 perhaps sets the clearest example of the relationship between disability and the high cost of meeting the needs of the disabled person. Refusal by the police to take the welfare recipient to mental hospital when he is psychotic results in having to use a taxi, which is expensive. In addition, the respondent continues: "When he

is in hospital, I've to give some money to a less mentally disabled patient in order to keep an eye on him. The nurse also needs to be given a bribe...". This carer also has no choice but to encourage corruption where corruption continues to be rampant.

Another example of the correlation between lack of money and suffering is most obvious in the statement of informant no. 64. As the mother of the 19 years old mentally ill girl is a widow and, as a consequence, there is little money coming in, the latter (the disabled girl) has to be strapped to the bed until her mother returns from the sugar fields. With regard to respondent no.68, because of his disabilities and inadequate pension, he has stopped his children from going to school so as to supplement his income through their earnings in full time employment. As a result, it is axiomatic that the children also suffer. Thus the children are punished for the 'sin' of the father. Respondent no. 104 reluctantly has to leave her ageing blind and pitifully disfigured mother unattended for long hours because the pension is not enough: "If the pension were sufficient, I could have stayed at home to take care of my mother until she died". Respondent no. 149, a severely disabled man, has, in addition to having to pay all the essential expenses, i.e. rent, water rate, etc., has to pay someone every day to lift him into and off his wheelchair. As a result of his meagre income of Rs.400 monthly pension, he says he has to rely on the food brought by his sister, another severely deprived person, in order to keep body and

soul together. Respondent no. 218 reveals still greater abuse and suffering because of inadequacy of income. She says she gives her mentally ill grand daughter extra tranquilizing tablets so that she remains in bed until she returns from work. If one examines the responses under Table 6, one can go on finding a repetition of abuse and suffering, deliberately or innocently inflicted, simply because there is a dearth of pertinent welfare support.

Other Needs than Money

A good many informants have also said that money is not a major issue. They feel that their needs require support of a different nature. Indirectly or unconsciously, they seem to be indicating social work intervention in its multifarious ways of providing support. From their statements one can deduct that they seem to be thinking about welfare intervention more or less similar to the nature of counselling, welfare rights, advocacy, community social work, befriending, morale-boosting intervention, etc. This is reflected in the statement of respondent no. 4: "La vie la un la vie li chien pou dimoune misère. Pas ena personne pou aide ou ici". [It's a dog's life for the poor. There's nobody to offer a helping hand]. It appears that a modified generic social work approach can effectively meet many of the unmet needs of the recipients.

Examples illustrating that financial help is less important than other nature of welfare provisions are too numerous to discuss here. Therefore, in support of this thesis, I shall consider only a few examples. For

instance, respondent no. 84, speaking for his 27 years old son, who has severe mental and physical disabilities, says: "L'argent pas un grand problème. Nous capave debrouillè". [Money is not a major problem. We can cope]. He is a retired school teacher. He has a large house, projecting an air of some affluence and comfort. His greatest concern is who will look after his disabled son if and when he dies. He cannot see his other children taking care of his disabled son, conscious of the on-going erosion of traditional values of family and collective responsibilities under the new culture of individualism and materialism. He feels that it is about time that the government generates facilities for the Mauritian disabled: "Gouvernement bizin coumence pensè qui zotte pou faire avec dimoune handicapè [The government must start planning for the disabled]". Instead, the government appears to be shedding its responsibilities to Trusts, religious groups, and so on and on. Respondent no. 82, a government employee, owner-occupier of a large concrete house, and a car-owner, speaking for his severely disabled daughter, says at the beginning of the interview: "A la li la. Dire moi qui l'age li ena?" [Here she is. Tell me how old is she?] Holding the girl delicately on her laps, the upset mother, unable to control her emotions, is crying. The girl is emaciated, a bag of skins and bones, with tiny hands and legs, looking like one of the starving and dying children in some war-torn and famine-stricken parts of Africa who often appear on our television screen. The girl is 15 years old. Her physical and mental disabilities are severe. The emphasis from the family is not on money,

but on support, encouragement, advice, and other facilities. He says desperately: "Nous pas connais qui pou faire. Pas gagne aucun aide. Personne pas vinne dimande ou problème. Ou premiè dimoune qui pe rente dans nous la peine. Nous bizin conseil, mais pas trouve personne". [We don't know what to do. We don't get any support. No one comes to ask us about our difficulties. You're the first person who has shown compassion and understanding in our problems. We need advice, but we can't get it]. Respondent no. 147 is a police officer, who owns a large, modern house. He is relatively prosperous. He has recently lost his wife, for whom he is still bereaving. He has not been complaining about money. At this moment of crisis, he has been expressing concern about the welfare of his children. He has been looking for general support, mainly moral. He expresses his concerns thus: "Mo pas gagne aucun aide. Qui pou arive sa banne zenfants la? Zenfants la pli important: zotte la santè et zotte contentement". [I'm not receiving any support. What will happen to the children? I don't worry about myself. The children are more important, especially their health and happiness]. Respondent no. 149, an amputee, who is lying helplessly in a hovel and relying on his unfortunate sister to live, is another example where money is not the priority. His immediate needs are both medical and social. He says he has approached Cheshire Home for a placement, but has been told that there is no vacancy: "Zotte dire moi perna place pou moi". Respondent no. 154 is a young single mother, with 2 young children, one of whom, that is, the 8 years old boy, is severely disabled. She is wearing a partly torn

and dirty dress. She is emaciated and looks worried. She is sharing a tin shack with her brother and sister-in-law. Although her pension is so meagre that it is hardly enough to buy food, her primary concern seems to focus on the disabled boy, who, she admits, she can't take care of. She has approached the Nuns for a residential placement for him, but they have told him they cannot take him: "Mais mo pas pe capave gagne un place dans couvent. Zotte dire zotte pas pou capave prend li". [I can't find a place for him in the convent. They (Nuns) say they can't admit him]. This suggests that there is an urgent need for specialist placements. Interviewing respondent no. 179, an ex-fisherman, but now wheelchair-bound, on the roadside of a busy rural road near a couple of shops, the traditional social centre, he does not see money as his main difficulty. Speaking from personal experiences, he regards corruption in the welfare sector as a major problem for those requiring welfare provisions. Revealing his own hospital experience at the time when his legs were to be amputated, he says: "Zotte pas finne soigne moi. Docteur l'hospital tanque pas donne zotte l'argent pas soigne ou. Docteur la pe rode so l'argent li. Pas donne l'argent, pas gagne traitement". [They've not looked after me satisfactorily. If you don't bribe the hospital doctors, you don't get proper treatment. In my case, he (the doctor) was looking for a bribe. If there is no bribe, there is no treatment]. With regard to his wheelchair, which badly needs repairs, he assures me: "Si ou pas conne un deux grand dimounes, ou pas gagne aucun aide gouvernement. Mo ti bizin guette ministre pou gagne mo calesse". [If you don't

know one or two influential people, you don't get any help from the Welfare Department. In my case, I had to seek the help of a Minister for this wheelchair].

Having interviewed a number of respondents in residential establishments, I have been left with the strong impression that many of them are institutionalized not simply because they have some money, they have been rejected by their families, or they are destitute, but because there are no appropriate facilities and arrangements sufficient and effective enough to counter social problems thrown out by a society exposed to too rapid social changes. The island's industrialization, which is insidiously destroying once viable and dynamic communities, making family support redundant, and the growth of inappropriate welfare provisions in many cases, has left a vacuum that remains to be filled. This lack of alternative social arrangements is further exemplified by the fact that the disabled bus conductor has to remain in a Home because his wife has to go out to work. Another example is that the ex-Royal College teacher has to be institutionalized because he has no support in the community. A third example is the prosperous-looking Chinese woman, who, for lack of mediating agencies with relevant social work skills, has to stay in a women's refuge (see Appendix C).

Other Difficulties

The respondents have also revealed other difficulties, which are probably more disabling and insidious from a

psychological and personal point of view. Through their responses it has been observed that the overwhelming majority of the welfare recipients feel adversely affected by a debilitating feeling of being stigmatized and abused. There is also a strong feeling among them of rejection and powerlessness.

Stigma

Goffman (1968: p.12) has defined the term stigma as arising from a person "... possessing an attribute that makes him different from others ... and of a less desirable kind - in the extreme, a person who is quite thoroughly bad, or dangerous, or weak". It must be pointed out that the discreditable attribute does not have to be visible. In the context of this study, the term stigma is mainly applicable to one or other forms of disabilities experienced by the respondents. A few quotes from their responses will clarify exactly what is meant by the term 'stigma' in the context of this study:

Table 7

Problems of Stigma

Respondent No.	Nature of Stigma
1	"Mo hontè mo dire ou. Mo bizin vive lor l'argent mo femme. Dimoune cause ou derière ou le dos". [I feel ashamed I've to rely on my wife's earnings. People gossip about this].

- 9 "Mo femme bizin soigne moi. Mo
depend lor li si mo bizin un ti
casse pou boire un ti grogue".
[I've to rely on my wife to live.
If I need some money for a drink,
I've to ask my wife for it].
- 16 "Mo mari gagne ti gitte l'argent.
Nous dormi un lor lotte couma
cochon. 6 personnes dormi
dans sa la chambre la". [My
husband is a low wage-earner.
We sleep like pigs. 6 persons
sleep in this room].
- 22 "Ou connais couma mo embarrassè?
Dimoune dire qui mo pe boire di
sans mo vieux mama". [Do you
know how embarrassed I feel?
Neighbours say I'm sucking
the blood of my old mother].
- 23 "Dimoune eloigne moi a cause mo
ti dans l'hopital mentale [Nei-
bours avoid me because I was a
mental patient].
- 26 "A cause li même lotte zenfants
pas gagne bon mariage [Because
of her the other children don't

get suitable marriage proposals]".

28 "Dimoune cause nous qui nous un
famille qui ena un handicapè
[People look down on us
because we've a disabled son]".

31 "Li bizin alle dans couvent. A
cause li, mo banne tiffi pas
gagne mariage. Dimoune peur pou
mariè dans un la cage cotte ena
dimoune handicapè". [She must
go into a Home. Because of her
my daughters can't find marriages.
People are afraid to marry
in a family where someone is
handicapped].

32 "Li finne vinne folle. Li un
pois pou famille". [She is mad.
Therefore, she is an embarrass-
ment for the family].

34 "Si mo tire li, dimoune guettè
mème couma un mirac. Zotte dimande
ou tout qualité questions".
[If I take her out,
people stare at her like a mi-
racle. They ask you all types
of embarrassing questions].

36 "Si un grand tiffi pas finne
 mariè, sa un pli grand traca
 pou mama papa. Les zotte
 zenfants pas gagne mariage dans
 bon la cage". [If the eldest
 daughter doesn't get married,
 it is a major worry for the
 parents. The other children
 will not get suitable marriage
 partners].

40 "Zenfants faire so la vie un
 martire. Zotte rire li. Zotte
 boufonne li". [Children make
 his life a misery. They laugh
 at him. They ridicule him].

63 "Si nous envoiye li dans
 couvent, dimoune pou cause
 nous [If we sent her into a
 Home, neighbours would criti-
 cize us]".

89 "Zenfants handicapè ti un la
 honte pou zotte [Disabled
 children represent a shame to
 the family].

125 "Dimoune pauve finne maudi sa
[The poor are cursed]".

146 "Qui sanla pou faire moi
demande? Zotte tout dire mo
handicapè". Who will marry me?
They say I'm handicapped].

170 "Qui pessè mo finne faire pou
jordi mo pas trouve claire
[What sins have I committed
for being blind today]?"

182 "Mo ena un grand tiffi dans
la cage. Mais zotte peur pou
mariè li a cause so frère
handicapè". [I've a daughter
of marriageable age. But
people are afraid to make
marriage proposals because
her brother is handicapped].

185 "Mo resse cotte mo belle mère.
Lère mo missieur mort, zotte
dire moi allè". [I lived with
my mother-in-law. But when my
husband died, they asked me to
leave].

202 "So presence li delica pour la
famille. Dimoune pensè qui
nous un famille fou". [Her
presence at home is an embarrassment.
People tend to believe that we're
mad family].

213 "Mais mo pas pou envoiye li
dans un couvent. Mo garde li
jisqua li mort. Dimoune qui
pou dire?" [But I'm not send-
ing him into a Home. I shall
look after him until he dies.
Otherwise, what would people
say?]

216 "L'hospital pas prend conte.
si ou pauve personne pas
prend ou conte". [Hospital
treatment is bad. If you're
poor, nobody takes notice of
you].

Analyses and Findings

Not all the responses which contain elements of stigma have been listed above. As indicated, they are too numerous to mention here. One thing has, however, become clear is that old prejudices and beliefs rooted in the histories and traditions of the Mauritians still have powerful influence over the mind. Reliance on wives to live, as stated by

respondents nos. 1 and 9, seriously undermines self-esteem in a patriarchal society, where men consider themselves as macho and believe that they have the divine right to rule over women. This is stigmatizing. Living in a society, where competing with the Joneses is a way of life, living in a state of poverty as informant no. 16 does carries stigma with it. Elders are still revered by the Mauritian tradition, despite the gradual erosion of old values. Therefore, supporting an elderly parent adds status and makes one feel good in a community where one's every action, good or bad, is still noted. As respondent no. 22 believes that he has transgressed accepted traditional norms, no wonder that he feels stigmatized by having to rely on his ageing mother to live. A large majority of Mauritians are still superstitious, as indicated above. There is also strong belief in the ideas of paradise and purgatory, sins and moral correctness. Karma, the Hindu interpretation of one's actions in previous states of existence or incarnations determine the happiness or otherwise of next life, is still consciously or unconsciously accepted by the majority of Mauritians. Disabilities, mental or physical, tend to be also attributed to sinful actions committed in past lives. Therefore, forms of handicap do not only symbolize past sinful deeds, but they also have stigmatizing impact. Respondent no. 115 exemplifies this point thus: "Dans live Indien finne dire cequi di mal ou faire bizin paiyè [The Hindu scriptures have stated that one has to suffer for one's evil deeds]". Respondent no. 23 feels that she is being ignored and alienated because of her history of

mental illness. This is another form of stigma. Another informant, informant no. 26, gives another example of the stigma of having a disabled member in the household and the adverse impact on the marriage of the other children. Respondent no. 38 shows that the whole family is branded as 'mad' because one member is mentally disabled: "A cause li dimoune dire nous un famille fou". This suggests that the whole family has to bear the punishment for the 'sins' of the disabled member. This is put succinctly particularly by informant no. 128, who has a mentally disabled son and daughter and another son who is addicted to drugs and drinks: "Mo destinè coumsa. Sa finne marquè dans mo destinè. Qui mo pou faire? Mo bizin chariè mo la croix". [My fate is such. It is written that I should experience difficulties. What can I do? I've to bear my cross]. The stigma associated with disabilities is put more subtly thus by a relatively sophisticated respondent no. 202: "So presence li delica pou la famille [The fact of her being in the house is a serious embarrassment to the family]".

Ways of Self-Protection against Prejudices

Disabilities also encounter a good deal of labelling, in addition to being stigmatized. In the attempt to seek protection against prejudices, some of the respondents have taken extreme and dangerous measures. For example, respondent no. 40, the carer of a young boy, with also severe facial deformity, makes this complaint: "Zenfants faire so la vie un martire. Zotte rire li. Zotte boufonne li. Zotte appèle li 'Figire Zaco'. [School children make

his life a misery. They ridicule him. They mock him. They call him monkey face]. To protect the young boy from harassment, the carer has stopped his education, that is, she keeps him at home and has also ceased taking him out. Thus he has been condemned to a life of isolation, let alone the loss of the experience of a normal childhood. Informant no. 100 has resorted to a similarly drastic and cruel action with regard to the 9 years old boy, who suffers from a blood disorder and, as a consequence, has become physically grotesquely deformed. Respondent no. 34, who is the carer of her 15 years old daughter, with severe mental and physical disabilities, permanently keeps the girl in an airless and dark hut, contaminated with a strong stench of faeces and urine. She says she keeps her indoors because: "Si mo tire li, dimoune guettè mème couma un mirac. Zotte dimande tout qalité questions". [If I took her out, people stared at her like a miracle. They ask all types of embarrassing questions]. Respondent no. 37 ties the severely disabled boy in a cot with hardly sufficient space for him so as to stop him from being seen. The carer is hoping that he will die soon, thereby releasing her from her caring responsibilities: "Ta lère li pou mort sa. Li pe passe misère pou nenrien. A cause li mo pas capave alle travaille". [He will die soon. He is suffering unnecessarily. I can't go to work because of him]. Interviewing respondent no. 58, a very depressed man, aged 60 - 65, he says that the stroke that affected him five years ago has made him bed-bound. Since his disablement he has been living in a specially built shed at

the far end of the main house. The latter is a large, comfortable concrete house. The excuse given by his wife and children for moving him out from the house is that he is now within easy access to the latrine. The body language of the informant, however, disagrees, suggesting that he was forceably moved out to minimize the impact of the stigma associated with disabilities and their problems. At the end of the interview, this embittered man says with tears: "Mo ti un dimoune bien independent. Plito mort mème". [I was a self-sufficient person, making my own decisions once. Now, because of my present circumstances, I prefer to die]. At the end of the interview, he adds: "Missieur, rode un couvent pou moi [Sir, find a Home for me]". Informant no. 103, speaking on behalf of her 30 years old son, who has severe mental and physical disabilities, says: "Mo mème mo malade. Si mo mort qui sanla pou guette li? Gouvernement bizin prend R..." [I'm sick. If I died, who would look after him? The government must then take R... away]. The son is naked, with dishevelled hair and beard, looking wild, abandoned, and sad, sitting on his haunches next to piles of faeces, in a locked tin shed no larger than a large dog's kennel. His brother tries to reassure me that he has to be locked for his own protection and welfare.

Abuse

There is no doubt that many of the recipients of social services I saw and interviewed have been experiencing one or another form of abuse. Ruth and Henry Kempe (1978: p.18), the pioneers in the field of child abuse, have stated that the term abuse has four dimensions "... physical

violence, physical and emotional neglect, and sexual exploitation". Abuse can also be actual as well as felt, physical or verbal violence. It can be extended to almost any situation where the person feels that he or she is being taken advantage of because of his or her vulnerability on grounds of age, disabilities, or dependency. There is another fact that one should bear in mind: adults, like children, are literally made up of a bundle of emotions and feelings, which are sensitive to painful and traumatic experiences. In short, like child abuse, there is also adult abuse. In the context of this study, it has been observed that many of the respondents of social services, young and old, have been subjected to one or another form of abuse, as stated. However, this may not be deliberate or conscious. Some of them, especially elderly parents, having been persuaded, in many cases, to transfer their property and savings to their favourite children on the false promise that they would be taken good care of until their death, are another category of respondents who have found themselves exposed to all sorts of abuse. Some Welfare Officers, who work closely with pensioners and the elderly in the community, have observed that many elderly parents have been driven out from the family house or are used as childminder, gardener, cook, all-round domestic servant, or turned into, as a Welfare Officer puts it, 'gardien couma li chien', guard dog.

As stated, abuse can manifest itself in different forms. To mention all of them here is illogical. The following

table illustrates but a few of the forms of abuse to which many of the informants are exposed:

Table 8
Forms of Abuse

Respondent No.	Statements
4	"La vie la un la vie li chien pou dimoune misère [It's a dog's life for the poor]".
12	"Zenfants guette pou zotte même jordi jour [Nowadays children are egoistic]".
19	"Missieur, mo couma un prisoniè dans sa calesse la. Personne pas ena pitiè". [Sir, I'm like a prisoner in this wheelchair. People have no pity for me].
33	"Docteur privé finne boire mo di sans, mais zotte pas finne faire moi bien [Private doctors have robbed me of all my money, but they've not cured me]".
34	"Malhereux la même passe pli boucoup misère, missieur [The poor suffer the most, sir]".

- 43 "L'hospital pas finne faire
 nenrien. Mo dire mo tiffi
 donne moi un poison. Lesse mo
 mort. Li pas oulè". [Hospital
 treatment has not helped me at
 all. I've asked my daughter for
 a poison. I want to die. But she
 has refuses].
- 48 "Couma zotte finne fini gagne
 election, zotte finne fini
 avec ou zotte [As soon as they
 (politicians) are elected,
 they've got nothing to do with
 you]".
- 57 "Ena discrimination raciale
 [There is racial discrimination]".
- 75 "Zotte finne degoute moi. Zotte
 batte moi". [They (his children)
 don't want me. They beat me].
- 91 "Commi la faire politique [The
 social security clerk is
 unhelpful]".
- 99 "Lère mo femme mort, mo zenfants
 la guerre avec moi. Zotte batte
 moi. Zotte pousse moi". [When

my wife died, my children quarrelled with me. They beat me and drove me out of the house].

120 "Mo passe boucoup misère. Zotte criè avec moi". [I suffer a lot. They shout at me].

149 "Mo pas capave faire nenrien. Si mo soeur pas amène un tigitte mangè, mo mort sans mangè". [I can't do anything for myself. If my sister does not bring some food, I die of hunger].

157 "Mo couma un esclave avec mo mama [I'm like a slave with my mother]".

171 "Mo senti moi bien bien tout seul, bien bien malhereux, depi mo pas capave travaille. Femme faire dominaire". [I feel very lonely and unhappy since I can't work. My wife takes advantage of this and harasses me].

Analyses and Findings

Only fifteen responses have been quoted, to illustrate evidence of the various forms of abuse. To quote more

excerpts will be too repetitive and will contribute to little or no improvement to this study. An evaluation of the responses under Table 8 shows that most, if not all, forms of abuse considered to be abusive and experienced by many of the respondents have been examined and illustrated. For example, respondents nos. 4, and 149 have felt that they are being abused by the sheer neglect and general lack of consideration. They cannot see that their cases are being viewed with the compassion that they deserve. For instance, informant no. 4, who is partially blind, feels that he is being abused. He says he has to retire as a result of his disability, but has no means of supporting his large family. None the less, he has been made to wait for his lump sum from his employer and his disability pension from the Social Security Department for a long time. In the interim, he says, he has been suffering unnecessarily. He feels bitter about it, especially as he feels that there is no one to help him or advise him or take up his case: "Pas ena personne pou aide ou ici". Another example of emotional abuse can be seen in the statement of informant no. 12, who says: "Zenfants guette pou zotte même jordi jour [Nowadays children are egoistic and don't help out]". Feeling rejected by the children is an emotional reaction. It is also an emotional abuse derived from the expectation of the value system, which imposes some responsibilities on the children towards their disabled or elderly parents in time of need. The negative response of the children is emotionally hurting. Therefore, it is a form of emotional abuse. Respondent nos. 33 and 48 manifest feeling of being abused by exploitation. This study being client-oriented,

the term abuse depends on how the respondents feel about it. In these two cases, informant no. 33 feels that he has been exploited by private doctors; whilst respondent no. 48 believes that the politicians are elected by making false promises, thereby taking advantage of her situation. It is a form of abuse by exploitation or manipulation. Respondent no. 75 illustrates a combined form of emotional and physical abuse: "Zotte finne degoute moi. Zotte batte moi". [They don't want me. They beat me]. This informant is a widower, aged between 54 - 59. Both of his legs have been amputated as a result of gangrene. He cannot use his artificial legs because they are too heavy and they hurt him. He moves about in the house shuffling on his buttocks. He is very depressed. He complains that his children have rejected him and often beat him. He finds his life so unbearable that he wants to die: "Mo pas peur la mort. Pou mort jordi. Pou mort dimain. Un jour bizin mort mème". [I'm not afraid of death. Dying today or tomorrow makes no difference to me. One day I've to die]. Another example of physical abuse is demonstrated in the case of respondent no. 99, who complains: "Lère mo femme mort, mo zenfants la guerre avec moi. Zotte batte moi. Zotte pousse moi". [When my wife died, my children quarrelled with me. They hit me. They drove me out of my home].

A Feeling of Abandonment

To paraphrase a biblical saying, 'Man does not live by bread alone'. In addition to his physiological needs, he also has other needs, such as the need to love and to be loved. One of his basic needs is also to feel wanted. Maslow

(in Leavitt and Pondy, 1964: pp.6-24) says that there is a 'hierarchy of needs', one of which is to feel wanted or valued. It is about self-esteem and how one perceives one's situation. Where some of the basic needs are missing, the burden of the problems becomes heavier and, psychologically, more painful to bear. The feeling of being unwanted is quite wide-spread among the welfare recipients interviewed. Table 9 below gives an illustration of this point:

Table 9

A Feeling of Rejection

Respondent No.	Statements
4	"La vie la un la vie li chien sa [It's a dog's life]".
5	"Bon Dieu si pas le prend moi [Even God has refused to take me away]".
8	"Plito mort mème [I prefer to die]".
11	"Astère la mo pe espère la mort [Now I'm waiting for death]".
13	"Ena de fois mo envie alle jette mo le corp [Sometimes I want to drown myself]".

- 19 "Personne perna pitiè [Nobody
has any compassion for me]".
- 25 "Mo finne condannè dans sa
calesse la pou la vie.
Quand ou handicapè, ou perdi
tout ou respè". [I'm impri-
soned in this wheelchair for
life. When you're disabled,
you also lose your dignity
as a human being].
- 57 "Mo misère, missieur. Mo
zenfants pas guette moi".
[I'm poor, sir. My children
don't care about me].
- 58 "Missieur, rode un couvent
pou moi [Sir, find a Home
for me]".
- 65 "Mo finne desolè avec la vie.
Finne lère pou mort astère
la". [I'm fed up with life.
It's time to die].
- 69 "So zenfants pas guette li di
tout [His children have
rejected him]".

- 71 "Zenfants pas prend moi conte.
Mo la vie finne fini". [My
children don't care about me.
There's no more life for me].
- 78 "Mo la vie finne fini. Plito
mort mème". [My life is over.
I prefer to die rather than
live].
- 118 "Ena de fois mo envie donne
li un poison. Mo si mo
prend un poison". [At times
I'm tempted to kill her and
also to kill myself with a
poison].
- 120 "Mo passe boucoup misère.
Mo le noiye moi dans la
rivière". [I suffer a lot.
Sometimes I want to kill
myself in the river...].
- 139 "Banne jeune pas interessè
avec banne vieux dimoune...
[The young don't care about
old people...]."
- 141 "Mo pas ena mama papa. Zotte

finne mort lontemp lère mo
ti tipeti. Mo pas ena la
cage. Mo dormi dehor".

[I'm an orphan. My parents
died when I was small. I have
no home. I sleep on the street].

144 "Si mo ti capave gagne un la
corde, mo ti pou mette pendi
[If I could get hold of a
rope, I would have hung
myself]".

164 "Mo finne demoralisè avec sa
la vie la [I'm fed up with
this life]".

170 "Mo la vie finne citant changè
jisqua mo pas finne trouve
claire. Plito mort". [The con-
dition of my life have
worsened since I lost my
eye-sight. I prefer to die].

189 "Dimoune misère zotte pas prend
conte [The poor are ignored]".

Analyses and Findings

The twenty one examples illustrated under Table 9
sufficiently support the hypothesis that many of the

welfare respondents suffer from a chronic feeling of low self-esteem. For instance, respondent no. 4 compares the conditions of his life with those of dogs': "La vie la un la vie li chien pou dimoune misère". In the social context of the island of Mauritius, a dog's life is pretty grim and low. Therefore, comparing one's life with that of a dog clearly indicates that one does not think much of oneself. People do not talk lightly of a feeling of killing one-self: "Ena de fois mo envie alle jette mo le corp". She lives in a rented tin shack, which leaks like a 'basket'. Her husband is a low wage-earner. In addition, she has a severely disabled 15 year old girl to take care of. There is no support, apart from a small pension for the girl. Seeing no light of better days at the end of the tunnel, she seems to feel that life is not worth living for. Respondent no. 65 is an amputee, isolated and imprisoned in the house. His mental torment is such that he does not know how to express it: "Mo pas connais couma mo pou explique mo souffrance la". With no hope of better time ahead, he says, he is ready to die. "Death is frightening from childhood onwards and taboos grow to keep the anxiety at bay", according to Rayner, 1978:p.186). This informant's willingness to die suggests that he does not think much of his life. This ageing and lonely bachelor, that is, respondent no. 139, feels, with all the close relatives dead and the young having no time for the old and disabled, particularly if they are poor, that his life no longer has any value for him. He is disillusioned with life because Mauritius has entered an era of selfishness: "Le temp finne vinne bien personelle

dans l'île Maurice". Respondent no. 189, the mother-carer, who is a diabetic and has been unwell for a long time, has given up and does not think much of herself as a member of the impoverished social class. What is the point? she feels, as the poor are powerless and, as such, ignored: "Dimoune misère zotte pas prend conte".

A Feeling of Low Self-Esteem

A feeling that one has no power can be psychologically self-destructive and the impact can only be an insidious discouragement leading to questions like 'What's the point?' Solomon (1976: p.12) has defined powerlessness as a factor associated with "... anyone who is haunted by severe limitations of their self-determination and an inevitable sense of dependency". It has been observed that many of the respondents experience not only a sense of powerlessness, but also from what Marx (in Bottomore and Rubel, eds., 1975: p.20-21) referred to as 'alienation'. A few examples extracted from the responses of the respondents are evidenced of their sense of alienation or powerlessness over their situation in Table 10 below:

Table 10

A Feeling of Powerlessness

Respondent No.	Statements
5	"Bon Dieu si pas le prend moi. Combien fois mo rode jette mo le corp dans cascade. Mais mo pas ena courage pou faire

li". [Even God is refusing to take me away. Countless times I've tried to kill myself in the river, but I could not do it].

- 8 "Plito mort mème [I prefer to die rather than to live]".
- 13 "Nous ena boucoup difficultè, mo dire ou. Ena de fois mo envie all jette mo le corp".
[We've many difficulties. Sometimes I want to kill myself].
- 34 "Malheureux mème passe pli boucoup misère [The poor suffer the most]".
- 37 "Ta lère li pou mort sa. Li pe passe misère pou nenrien".
[He will die soon. He is suffering unnecessarily].
- 43 "Mo dire mo tiffi donne moi un poison. Lesse mo mort. Qui pou faire avec un la vie coumsa?"
[I've asked my daughter for a poison. But she refuses.

What's the point of living
such a miserable life?]

- 58 "Mo ti un dimoune bien indepen-
dent. Plito mort mème". [I was
a very independent person. Now
I want to die].
- 73 "Qui pechè qui mo finne faire,
Bon Dieu? Bon Dieu si pas le
prend mo la vie". [What sins
have I committed? Even God
is refusing to take me away].
- 91 "Mo pas connais qui mo pou
faire avec mo la vie. Gouverne-
ment bizin prend li". [I don't
know how I am going to manage.
The government must take him away].
- 109 "Mo guette li jisqua mo mort.
Après sa necque Allah qui
connais qui sanla pou guette
S.... [I shall look after him so
long as I live. After that only
Allah knows who will take care
of S...].
- 114 "Pou moi li pas un traca. Mo
mette li dans la main Bon

Dieu. Li mème pli grand". [For me she is not a worry. I've entrusted her to God. He is most powerful].

- 128 "Un garçon gagne malade Bon Dieu. Un tiffi gagne mème malade. Un garçon soular. Apres li prend la drogue. Mo destinè coumsa. Bizin chariè mo la croix". [I've a son and a daughter who are mentally ill. Another son is an alcoholic and is also a drug addict. It's my fate. I've to bear my cross].
- 161 "13 bannanè la 13 bannanè martire [The 13 years have been 13 years of torment]".
- 170 "Mo la vie finne citant changè jisqua mo pas finne trouve claire. Plito mo mort". [My life has worsened drastically since I lost my eye-sight. I prefer to die].
- 189 "Dimoune misère zotte pas prend conte [The poor are ignored]".

- 197 "Mo destin pou mort dans la
misère. Mo bizin chariè mo la
croix". [It's my fate that I
should die in poverty. I've to
accept it].
- 201 "La vie finne fini. Qui mo pou
faire? Finne lère pou allè".
[My life has come to an end.
Nothing I can do about it.
It's time to die].
- 216 "Mo finne degoute mo la vie.
Ce qui arivè arivè. Si bizin
mort a mort". [I'm fed up
with life. What will happen
cannot be avoided. If I've to
die, so be it].

Analyses and Findings

The 18 excerpts chosen under Table 10 from the responses reflect only the tip of the iceberg of powerlessness and alienation among the respondents. Overwhelmed by a sense of defeatism, there seems to be no will-power left for the instinct of survival to triumph over the power of death. Some of them have also been caught in the torturing dilemma of indecision. This is exemplified by respondent no. 5, aged 36 - 41, paralysed and house-bound, following industrial injuries, who feels culturally

uncomfortable to have to rely on his ageing parents to live. None the less, he finds it difficult to do something positive about it: "Mais mo pas ena courage pou faire li [But I can't summon courage to kill myself in the river]". Informant no. 8, on the other hand, who is bed-ridden, following a stroke in the year 1991, having stopped all medical treatment, is ready and willing to die: "Plito mort mème [I prefer to die]". He is convinced that there is nothing he can do in order to ameliorate his situation. Respondent no. 34, the carer of a 15 year old girl, who has severe mental and physical disabilities, has accepted that she has no power over her difficult and complex situation. She has resigned herself to her belief that suffering is allocated only to the poor and there is nothing they can do about it: "Malheureux mème passe pli boucoup misère". A similar sense of defeatism and resignation is revealed by informant no. 37, the carer of a 10 year old boy, with such severe disabilities, mental and physical, that he has to be strapped to the cot. She feels that the best strategy to adopt is to hope and wait for the boy's death: "Ta lère li pou mort sa. Li pe passe misère pou nenrien". [He will die soon. He is suffering unnecessarily]. Respondent no. 43 is paralysed and bed-bound. She has to rely on her widow daughter for all her needs. She has stopped all the medications. She feels that there is no point of prolonging life. In fact, she appears more positive and ready to die than many of her counterparts in this study, as she is trying to persuade her daughter to help her commit euthanasia: "Mo dire mo tiffi donne moi un

poison. Lesse mo mort. Qui pou faire avec un la vie coumsa?" [I've asked my daughter for a poison. I've asked her to let me die. What's the use of such a miserable life?]

Respondent no. 109, aged 60 - 65, is the carer of a 27 year old man, with severe mental and physical disabilities. She feels she cannot cope with him, but, as there is no help forthcoming from any other sources, she will manage until she dies. After that, as she feels she cannot make alternative arrangements, she will leave him in the care of Allah: "Apres sa necque Allah qui cannait qui sanla pou guette S [After my death, it is only Allah who knows who will take care of S]". In the case of a 10 year old severely disabled girl, respondent no. 114, the mother-carer, has already given up her caring responsibilities. The welfare of the girl, so neglected to the point of being abused, has been entrusted to God: "Pou moi li pas un traca li. Mo mette li dans la main Bon Dieu. Li mème pli grand". [For me she is not a worry. I've entrusted her to God. He is most powerful]. The issue confronting us is whether strong religious belief of the carer overrides the welfare of the helpless child. Informant no. 128, a widow, with two mentally ill adult children and another one is affected by alcoholism and drug addiction, has accepted her situation as a fact over which she says she has no control: "Bizin chariè mo la croix [I've to bear my cross]". The discussion has been deliberately selective, as can be seen. There is no point of scrutinizing all the statements under Table 10, as they will all invariably reveal a feeling of powerlessness, alienation, or defeatism, or a combination of all these negative factors.

Solidarity among Welfare Recipients

It is interesting to note that there is a growing development of a situation of 'a class-in-itself-and-a-class-for-itself' or class-consciousness (see the Manifesto of the Communist Party and particularly Lukács 1971: pp.43-81) among the respondents of social services. It is an interesting revelation, especially in the social context of the Mauritian society, where social mobility, preceded by education, ownership of property, money, and ostentatious life-style, is an important factor in the value system of the modern Mauritians. This study has revealed that the welfare recipients on the island of Mauritius are coming progressively together in a manner which transcends class and caste, gender and race, and the rich and the poor. There is ample evidence to support this fact. For instance, respondent no. 62 is a financially comfortable person and also belongs to the elite social class. None the less, he is critical of the Welfare Department with regard to its non-existent support for his elderly and frail parents: "Personne pas vinne guette zotte [Nobody visits them]". Respondent no. 124 is the wife of a millionaire, with a severely disabled 5 year old daughter, complaining against the Welfare Department, says: "Mo dire ou, mo pas connais qui mo pou faire avec mo la vie. Pas gagne aucun conseil. Pas gagne nenrien". [I don't know what to do with my life. There is no advice. There is no help]. Respondent no. 62 is a Telugu and respondent no. 124 is a

Hindu. Similar expressions of demoralization have also been articulated by the less financially comfortable informants. Respondent no. 78, a Creole from the working class, aged 54 - 59, is bed-ridden, following injuries twelve years ago. Angry and frustrated for lack of support from the Welfare Department, in addition from the members of his family, he says at the interview: "Ou même première dimoune qui pe demande moi mo problèmes. Dans si pas combien temp ou même pe rente dans mo la peine. Sa même qui faire moi plorè". [You're the first person who is asking me about my difficulties. After a long time you're the first person who is sharing my problems. This is why I'm crying]. Informant no. 19 is an amputee, who emigrated from the island of Rodriques, a dependency of Mauritius. Sitting in his broken wheelchair outside his tin shack under the shade of a tree, he says, criticizing the Welfare Department: "Missieur, mo couma un prisonniè dans sa calesse la. Mo finne condannè la dans. Resse en place même. Personne pas ena pitié". [Sir, I'm like a prisoner in this wheelchair. I've been condemned in it. I've to remain here itself. There is no compassion for me].

The few examples of solidarity among the welfare recipients below clarify this point further:

Table 11

Expressions of Solidarity by Welfare Recipients

Respondent No.	Statements
4	"La vie la un la vie li chien pou dimoune misère [It's a dog's life

for the poor]".

- 48 "Jisse le temp election qui trouve
zotte [Only at election time the
politicians show interest in the
people].
- 80 "Pas soigne dimoune la bas.
L'hospital un la battoire. zotte
tue dimoune la bas". [There is no
treatment in hospital. It's an
abattoir. Patients are slaughtered
there].
- 88 "Dimoune dans la campagne zotte pas
prend conte [The politicians ignore
the needs of rural population]".
- 134 "Perna personne pou encourage nous
[There is nobody to counsel people
like us]".
- 150 "Dire banne ministre essai vive avec
sa l'argent la [Tell the Ministers
to try to live on this pension]".
- 169 "Traitement l'hospital pas bon di
tout".[Hospital treatment is bad].
- 179 "Si ou pas conne un deux grand

dimounes, ou pas gagne aucun aide
gouvernement]". [If you do not
know any important people, then
you will not receive any help
from the government].

206

"Mais sa banne politiciens la
guette zotte prope poche. Zotte
pas interessè dans bon travaille
sociale". [The politicians are only
interested in lining their own
pocket. But they are not interested
in generating good welfare
provision].

215

"Sa banne ministes la perna
jigement sa. Donne zotte doublè
sa pension la. Mo guettè si zotte
capave vive". [Those Ministers have
no commonsense. Give them double
the amount of the pension. Let's
see if they can live on it].

Analyses and Findings

If one interprets the 11 statements under Table 11, a clear and unquestionable synthesis of solidarity emerges among the recipients of social services. The anvil on which this unity is forged is characterized from the general nature of the informants' responses. In these responses the latter in expressing an opinion are not

only stating a personal view, but are also stating a collective view mirroring the reactions and feelings of the welfare recipients of all social classes and ethnic groups against the Welfare Department. For instance, when respondent no. 4 is describing his life as a dog's life, he is not only stating his own case, but he is also expressing a general opinion on behalf of people in his situation: "La vie la un la vie li chien pou dimoune misère [This life is a dog's life for the poor]". Showing interest in the disabled only during election time, as stated by informant no. 48, is another example of expression of collective solidarity with people in similar situation. In referring to the hospital as a slaughter house, respondent no. 80 is also reflecting an opinion or fact which many others have already articulated: "Pas soigne dimoune la bas. L'hôpital un la battoire. Zotte tuè dimoune la bas". [There is no medical care in hospital. It's an abattoir. Patients are killed there (see Chapter Three, under the heading of Health Services, for evidence and detailed discussion about this state of affairs currently taking place today)]. Take another statement: "Dimoune dans la campagne zotte pas prend conte [People's views in the rural areas are ignored]". Respondent no. 88's view is an expression of shared concern with others. It is a consensual view held by many Mauritian islanders. A thorough examination of the responses will no doubt reveal more of the spirit of class-consciousness, the cement of solidarity, among the overwhelming majority of the respondents of all social classes. Informant no. 179 again confirms this fact: "Si

ou pas connue un deux grand dimounes, ou pas gagné aucun aide gouvernement [If you don't know one or two influential persons, you're unlikely to receive help from the Welfare Department]".

Summary of Findings

To recapitulate, the aim of this study is to explore, analyse, and interpret the difficulties and needs of the recipients of social services from their standpoint. Chapter 5, rigorously subjects the respondents to the question, 'What are your difficulties?', hypothesizing that: (i) The majority of the respondents experience a multiplicity of problems; (ii) the resources required by the disabled add to the difficulty of living; and (iii) the welfare recipients, being dependent on the Welfare Department, also encounter prejudices and suffer disadvantages, which marginalize them from the mainstream of Mauritian society.

As shown by Table 5, the respondents suffer from a multiplicity of difficulties, ranging from physical disabilities to mental illness, from financial and other problems, like alienation and disillusionment with life. In the majority of cases, one difficulty tends to breed another's, often spreading like an infectious disease. Out of a small sample population of 45 informants, 44 have physical disabilities, 19 also have some forms of mental distress, and 30 have the additional problems such as a feeling of being stigmatized, rejected, alienated, etc. Lack of financial resources, as shown by Table 6, also seems

to be having an adverse effect on the informants, who, with limited income or pension, have to compete with their able-bodied compatriots on the competitive market for goods and services. This has revealed three facts: (i) existing welfare support is far from adequate; (ii) there is a correlation between inadequate and irrelevant welfare provision and deprivation, suffering and different forms of abuse experienced by the respondents; and (iii) these raise crucial issues of wide political and policy implications with respect to the clients' unmet needs.

The findings have, on the other hand, also demonstrated that in some cases money is not the issue. To some, the availability of appropriate welfare provisions, like counselling, welfare rights, and community social work, are more important than the pension. Informant no.84, for instance, speaking for his 27 years old son with severe mental and physical disabilities, says: "L'argent pas un grand problème. Nous capave debrouillè". [Money is not a major problem. We can cope]. In an era of growing individualism on the island, it is being made increasingly obvious that welfare services will have to substitute for many of the roles of the rapidly disappearing altruistic and informal social work support once central to the Mauritian value system.

Stigma attached to disabilities is another major difficulty confronted by many of the respondents. Here is an example, as articulated by respondent no. 31, of the problem of stigma and prejudices suffered by many other informants:

"Li bizin alle dans un couvent. A cause li, mo
 banne tiffi pas gagne mariage. Dimoune peur
 pou mariè dans un la cage cotte ena dimoune
 handicapè". [She must go into a Home. Because
 of her, my daughters can't find marriages.
 People are afraid of marrying in a family
 where someone is handicapped].

In a nutshell, Chapter 5 has shown that the extension of welfare provisions is not so much the issue in the context of this study as what is the vision behind the provision of social welfare. The current muddling through welfare policies, motivated by political considerations, does not appear to be the answer to the unmet needs of the informants. A Welfare State can undermine the potential of its people unless it is aimed at liberating and strengthening the individuals and not making them dependent, as seemed to be the case in Mauritius. The decisions of how the people wish to live have to be returned to the people and not regulated, directed, and constrained by a welfare system with unclear vision of its outcome.

CHAPTER 6

THE NATURE OF ALLOCATED WELFARE PROVISIONS

Chapter 5 focuses on the question **'What are your difficulties?'** and proceeds to explore, analyse, and interpret the responses of the informants as they themselves have experienced or perceived them. In the process the findings have revealed that the welfare recipients have many unmet needs and, as a consequence, are encountering great difficulties, resulting in comparatively considerable preventable deprivation and suffering.

In Chapter 6, the aim is to examine and evaluate the responses to the question **'What social services are you receiving?'** In view of the informants' more or less specific difficulties, they have to rely only on three main proponents of welfare provisions in the apparatus of social services on the island of Mauritius: (i) Outdoor relief, that is, Social Security; (ii) Institutional Care, that is, residential institutions; and (iii) Health Services. Each of these services will be discussed, analysed, and interpreted from different facets from the standpoint of the informants. Table 12 illustrates the nature of social services received from each of the 9 Districts by the respondents:

Table 12

Nature of Welfare Provisions Received

District	Pension	No Pension	Medical Help	No. of Respondents
Black River	21	4	10	25
Flacq	21	4	12	25
Grand Port	20	5	10	25

Moka	20	5	10	25
Pamplemousses	20	5	11	25
Plaines				
Wilhems	22	3	13	25
Port Louis	20	5	11	25
Rivière du				
Rempart	16	9	12	25
Savanne	22	3	11	25
	—	—	—	—
Total	182 (81%)	43 (19%)	100 (44%)	225
	—	—	—	—

Analyses and Findings

Table 12 raises a number of significant points. It shows that only 81% of the informants receive a pension as a result of their disabilities, while 19% of them, although their medical needs are being met or partially met, are not receiving any such support. To put it simply, 81% of the respondents receive financial help, 19% do not get this form of support, and 44% out of the whole sample population of 225 also receive health services. Here it must be emphasized that the majority of them also need medical support, but, for reasons to be discussed later, only few take advantage of it. The argument advanced by many of the 43 informants complaining against not getting a pension is: 'Why are we being denied financial support when the hospital recognizes that we are unwell and are being given medical treatment?'. As a consequence of their medical problems, the 43 respondents cannot work, a point on which they particularly put great emphasis during the interview. Respondent no. 4

puts this point succinctly thus: "Gouvernement la connaît qui mo malade. A cause sa meme mo alle l'hôpital. Qui faire li pe rissè poussè pou donne moi un ti pension? Sa meme mo le connaît". [This government is aware that I'm sick. This is why I attend hospital treatment. Therefore, why can't I get a small pension? This is what I want to know]. This view is reflected by many of those falling under this category. As expected, they attribute the denial of welfare support to a variety of reasons. For example, respondent no. 57, a Creole, suffering from cardiac problem and, as a result, is unable to work, believes that his unsuccessful application for a disability allowance is due to racial discrimination against the Creole community: "Un la loi pou Indiens. Un la loi pou Creoles. Pas bizin pou monte lor montaigne pou trouve sa. Ena discrimination raciale". [There is one law for the Indians and another law for the Creoles. One does not have to climb on top of the mountain to see this. There is racial discrimination]. Respondent no. 61, on the other hand, sees that there is no welfare support for him and his family because of the abuse of power by both the politicians and the officials. Respondent no. 88 argues that requests for welfare support by those living in the rural areas are ignored by politicians: "Dimoune dans la campagne zotte pas prend conte. Couma zotte gagne zotte gros bouchè mangè, zotte allè zotte". [Politicians don't care about people in the rural areas. As soon as there're elected, thereby making a comfortable living, they've nothing further to do with you]. Racism, abuse of power by officials, and dereliction of duty by politicians are widely used by Mauritians dissatisfied with public services. However, politicians,

invariably exaggerating their abilities to improve things for the electorate prior to the election, appear to be the main target for criticisms by the service-users. The fact that the ability of a few of them to secure services for some constituents through their influence in some government departments has somehow made some people believe that politicians can produce things like magicians producing rabbits in their hat. This adds to often making them the villain of the piece. It is high time that politicians become more mature, honest, and professional in their political activities. Here is an example of false promises by politicians but believed to be a honest commitment by most electors. Respondent no. 60, a young man of 31, very depressed and despondent as a result of the amputation of a leg following a road accident, is of the opinion that it is the duty of politicians to try to offer support in time of need: "Gouvernement meme bizin aide nous. Ou pas pensè zotte travaille sa? Le temp election zotte dire ou zotte pou aidè". [The politicians themselves have to help us. Don't you think that it is their job to help us? At election time they promise that they will help if elected]. Respondent no. 61, a man, disabled at work, who are having considerable difficulty to secure a pension, appears to be another person with great faith in the power of politicians to making things happen: "Mo finne guette Ministe. Zotte dire zotte pou guettè qui zotte capave faire". [I've seen my Deputy and the Minister. They've promised that they would look into my case]. He is another person who has become disillusioned with the promises of politicians. Add to the confusion is that some politicians can really make things happen:

respondent no. 179, a 74 year old amputee, was issued with a wheelchair after seeing a Minister.

In many cases, the complaints of the informants are not entirely groundless. The other point is that there is some minor differences in the intake or distribution of services, specifically with regard to the allowance, from one District to another. Statistically, the difference is more significant in one District than in another, except in the case of the District of Rivière du Rempart. With only 64% of the respondents receiving financial support in the latter area, it is a matter of concern. The allocation of pension in the other Districts is not as low as in the District of Rivière du Rempart, as can be seen from Table 12. It is difficult to explain the discrepancy. Of greatest concern is that forty four per cent of the informants receive no financial support at all out of the total sample population of 225. The difference in the allocation of pension among the Districts and those receiving no financial support at all raise a number of questions having political, social policy, and administrative implications. The discrepancy could mean that the criteria for allocating outdoor relief differ from District to District. As fieldwork did not cover this aspect, one can only speculate. If the criteria for assessment for welfare support are not different, it suggests that there is inadequate supervision to ensure non-judgmental approach to providing social services. It may also indicate an element of discouragement against the applicants for services by what has often been described as 'gatekeepers', particularly difficult and

inadequately trained receptionists or civil servants. From the statements of many of the informants, there seems to be major problems at the initial point of service provisions. Respondent no.91 is the carer for her 25 years old son, who suffers from severe mental and physical disabilities. In answer to my question why she did not try to get additional support, she said: "Comi pension la faire politique [The pension clerk is a difficult person]". Respondent 196 feels that it is too much trouble to try to get a pension for her mentally ill sister-in-law: "Tro boucoup traca pou faire demarche. Pension perdi le temp sa. Nous soigne li jisqua li vive". [It is too much trouble to try to get her a pension. It's going to be a waste of time. We'll look after her so long as she lives]. Despite the good faith of the Welfare Department, many of the welfare recipients seem to be getting inadequate and unsatisfactory support (see Appendix B). These two cases are the tip of the iceberg regarding the disincentives to apply for social services. The inadequately trained staff, as personally experienced in 1994 at the local Social Security Office, and the class-conscious bureaucrats, whose mode of education and socialization tends to generate supercilious attitudes, could play a part in the disparity of service distribution or comparatively low intake of services. Added to this, there is another barrier to services, according to informant no.179, a wheelchair-bound amputee: "Si ou pas conne un deux grand dimounes, ou pas gagne aucun aide gouvernement. Mo ti bizin guette ministe pou mo gagne mo callesse". [If you don't know one or two influential people, you don't get help from the government. I had to see a Minister before I could

get the wheelchair]. There is also the fact of bribery in exchange for social services for the respondents, apart from who you know, which is not an uncommon practice in ex-colonial societies, in which corruption of all forms is a way of life, starting from the very top to the bottom of the social strata. In some cases, services are dependent on whether one can raise the money to bribe someone in a position of power to influence the recommendation of a pension. Informant no.194, carer for her disabled husband, believes that she is disabled as she is an outpatient at the mental hospital, cannot work, and, as a consequence, she feels that she is entitled to a pension. She used to receive a disability pension once. She cannot understand why the pension has been stopped. She adds that nobody has explained to her why she is not getting any payment. Therefore, she assumes that it is because of her inability to bribe someone in the department in return for the renewal of her pension. Having given up the idea of trying to get a pension, she expresses her frustration thus: "Ici bizin donne gousse pou gagne pension. Cotte mo pou gagne 6000 roupies? Mo envoiye faire foutte". [In this country one has to bribe the officials in return for a pension. Where from will I get Rs.6000? They can keep it]. This and other indication show that there is a strong belief in the country that bribery is rampant in the government circle. Evidence from this study appears to endorse this view. Bureaucratic muddle can also contribute to either the disparity of services or service take-up. A glittering example of this is described by informant no.131. The 13 years old boy suffers from severe mental illness and violent behaviour. He needs constant

supervision. According to the letter of the psychiatrist, which was shown to me at the interview, the patient satisfies the criteria for a pension and has been recommended for a pension. On the other hand, senior officials at the Department of Social Security are arguing that regulations state that he cannot have a pension. When I saw him again in January 1995, I was told that a disability pension had just been approved for him. Unclear communication between Headquarters and the offices in the Districts seems to add to the confusion, thereby increasing the suffering of the informants. Lack of publicity for welfare provisions, inadequate referrals from medical consultants, and poor commitment by local Councillors and Deputies in the National Assembly in respect of the welfare rights of their constituents could also contribute not only to the disparity of services from one District to another, but also the relatively low demand for outdoor relief and low take-up of services from both the health sector and the institutional care.

The above discussions have clarified a number of points. First, there is a need to institute an investigation with a view to finding out the discrepancies of services from one District to another. This should throw light on existing administrative problems and, in the process, enable improvement to be made. Some of the areas needing improvement appear to be in the field of staff training, better communication from Headquarters to local Offices, and more effective liaison arrangements. The main component of the training programme, it seems, should focus on human

relations and understanding of the legislations and regulations governing criteria for social service benefits. Second, the functions and roles of Councillors and Members of the National Assembly have been too lax and for far too long stuck to the inherited lay-back colonial tradition of sinecurism and ostentatious gestures not too meaningful to many of the constituents. There is a need for more sophisticated, more committed, and more conscientious politicians. The defence of the welfare rights of the people is not often enforced vigorously, as those running welfare organizations are frequently government appointees (see Chapter 3, under the heading of Social Welfare Department) and dependent upon government support for holding their position. It is also not untrue that many of those engaged in voluntary organizations are there for personal aggrandizement, i.e. may be for recommendation for an OBE or even for a Knighthood. The response to see the political representatives in relation to a problem seems to be invariably met by the recipients with such statement as that of respondent no. 48: "Couma zotte finne gagne election, zotte fini avec ou zotte [As soon as they (politicians) have been elected, they've got nothing to do with you]". Third, judging from the respondents' reactions, the people, especially those relying on the State for support, seem to possess a defeatist attitude, a characteristic, no doubt, inherited from the colonial era. Consequently the abuse of authority and power is often left unchallenged and unchallenged. This subservient tendency is no doubt encouraging tyrannical behaviour by officials and politicians alike. Fanon (1967: p.40) saw this type of

oppression as a natural development, in view of the "... aggressiveness which has been deposited in his [the colonized person] bones against his own people". Educated and socialized on inherited colonial culture, in which lie the sources of power and privilege of men and women in authority, the continuous oppression is inevitable, unless and until the attitudinally subservient Mauritians see (Paulo Freire, 1972: p.40) the "... necessity to struggle for their freedom and self-affirmation". The growing culture of materialism is clearly inappropriate to generate a sense of liberation. The Mauritians have clearly been weakened by the too rapid industrialization of the island, the impact of individualism, and the poor leadership model that the accumulation of things that matter most to consider collectively that the quality of life and of services is of greatest importance for a healthy society.

Limited Welfare Support

As illustrated by Table 5, the respondents suffer from a multiplicity of disabilities. Their problems range from physical, mental, and financial difficulties to the psychologically more insidious ones, i.e. loneliness, feeling unwanted, feeling stigmatized, loss of will to live, etc. Although Mauritius has a plethora of welfare provisions (see Chapter 3), none the less there seems to be too few social services available to the Mauritians. This is what the informants have shown, as also illustrated in the Table below:

Table 13

Nature of Difficulties and Welfare Support

Respondent No.	Respondents	Main Problems	Main Support
1	Male, 54-59	Physically handicapped	Pension
6	Male, 54-59	Physically handicapped	Pension
11	Male, 60-65	Physically handicapped	Pension
16	Boy, 5-Over	Mentally handicapped	Pension
21	Male, 60-65	Physically handicapped	Pension
26	Female, 24-29	Mentally & physically handicapped	Pension
31	Male, 30-35	Mentally handicapped	Pension
36	Female, 18-23	Mentally handicapped	Pension
41	Male, 24-29	Mentally handicapped	Pension
46	Girl, 7-Over	Mentally & physically handicapped	Pension
51	Female, 30-35	Mentally & physically handicapped	Pension
56	Female, 24-29	Mentally handicapped	Pension
62	Female, 78-83	Mentally handicapped	Pension
67	Boy, 7-Over	Physically handicapped	Pension
72	Female, 30-35	Physically handicapped	Pension
78	Male, 54-59	Physically handicapped	Pension
83	Male, 42-47	Mentally & physically handicapped	Pension
89	Female, 42-47	Physically handicapped	Pension
94	Male, 24-29	Mentally handicapped	Pension
101	Female, 30-35	Mentally & physically handicapped	Pension
106	Boy, 13-Over	Mentally & physically handicapped	Pension
112	Boy, 12-Over	Physically handicapped	Pension

117	Female, 30-35	Mentally & physically handicapped	Pension
122	Male, 24-29	Mentally handicapped	Pension
126	Male, 24-29	Mentally & physically handicapped	Pension
132	Female, 36-41	Physically handicapped	Pension
137	Female, 66-71	Physically handicapped	Pension
142	Male, 60-65	Physically handicapped	Pension
148	Female, 24-29	Mentally & physically handicapped	Pension
152	Girl, 8-Over	Mentally & physically handicapped	Pension
157	Female, 78-83	Mentally & physically handicapped	Pension
162	Boy, 17-Over	Physically handicapped	Pension
167	Boy, 9-Over	Physically handicapped	Pension
172	Male, 30-35	Mentally & physically handicapped	Pension
176	Male, 66-71	Mentally & physically handicapped	Pension
181	Male, 54-59	Physically disabled	Pension
186	Male, 18-23	Mentally & physically handicapped	Pension
191	Male, 54-59	Physically handicapped	Pension
197	Female, 78-83	Physically handicapped	Pension
201	Male, 72-77	Physically handicapped	Pension
206	Male, 18-23	Mentally & physically handicapped	Pension
212	Male, 78-83	Mentally & physically handicapped	Pension

217	Female, 60-65	Mentally & physically handicapped Pension
223	Male, 18-23	Mentally & physically handicapped Pension

Analyses and Findings

Every effort has been made to select the data in Table 13 as objectively as possible. Therefore, the sample population of 45 respondents is believed to be reflective of the whole sample population in this study. A glance at Table 13 should support the fact that social services are inappropriately confined and restricted mainly to a pension payable to those suffering from one or more forms of disabilities. Mental and physical disabilities appear to be the principal criteria for the entitlement of welfare support. Chapter 3 of this study shows that there are several other social service benefits, in addition to the disability allowance. None the less, they appear to be grossly under-used and, according to this inquiry, many of the service provisions are not used at all by any of the informants. It is shown that none of the informants is a beneficiary to the other welfare provisions, apart from a pension, hospital treatment, and institutional care. Therefore, one can only conclude that there is a lack of administrative and distributive channels so as to put the unused services to the disposition of the informants and others. For example, in view of lack of demand on welfare provisions like Social Aids, it seems to suggest that the existing machinery for the distribution of some services is ineffective in these days of rapid social change on the

island and, therefore, a radical re-evaluation is called for. Some of the respondents have argued that money, however important a factor it is in a free market society, it is not always the panacea in respect of the confronting social problems. For example, respondent no.28, a pensioner in his 70s, who is looking after his severely disabled 38 years old son, is not so much concerned about the disabled pension as about lack of support from his able-bodied children, let alone the stigma attached to disabilities. The erosion of support from the extended members of the family has been one of the often repeated complaints by many of the respondents. For example, respondent no. 28, father-carer aged over 70, who is looking after his severely disabled 38 years old son, complains that his other children have abandoned their brother with him. Informant no. 27, on the other hand, is reluctantly looking after her mentally handicapped nephew because nobody else wants him. She puts it thus: "Personne pas le guette li. Dimoune qui pou dire? Mo bizin guette li. Li un 'pagla' sa". [No other member of the family wants him. What will people say? I've no choice but to look after him. He is a mad boy]. There is also the problem of stigma derived from disabilities, as already indicated. "Dimoune coze nous qui nous un famille qui ena un handicapè [People talk about us as a family with a handicapped person]", has been one of the frequently repeated remarks by many of the respondents. Informant no.32 finds her mentally ill daughter simply an embarrassment for the family: "Li finne vinne folle. Li un pois pou famille". Again, money has not been raised as the main issue. Informant no. 142 is an amputee, living alone, and wheelchair-bound. His main complaint is

isolation and lack of support in the community: "Parfois mo pas gagne personne pou tire moi dehor plisieurs jours. Lere la mo bien isolè. Lere la mo pas envie vive". [Sometimes for several days I can't find someone to take me out. Then I feel very depressed. I lose interest in life]. Respondent no.144, a fairly well-off man, feels so depressed at times that he wants to hang himself: "Si mo ti capave gagne un la corde, mo ti pou mette pendi [If I could find a rope, I would have hanged myself]". Respondent no.125 is a wealthy person, with a severely disabled 5 year old daughter. There is serious marital problem because of the girl. When she says she does not know where to turn for support, she does not mean monetary support: "Mo dire ou, mo pas connait qui mo pou faire avec mo la vie. Pas gagne aucun conseil. Pas gagne nenrien". [I tell you, I don't know what to do with my life. I don't get any advice or help]. From the discussion above, there is no doubt that there is an urgent need not only to generate alternative and pertinent welfare services, in addition to financial support, but also the introduction of relevant apparatus for service-delivery. This statement by a mother-carer, respondent no.84, calls for an urgent introduction of a range of more appropriate social service provisions:

"L'argent pas un grand probleme. Nous capave debrouillè. Pli grand traca la, si mo mort, perna personne pou guette li. Nous pe vinne vieux nous. Banne jeunesse jordi perna patience. Zotte pas interessé. Gouvernement bizin coumence pensè qui pou faire avec dimoune

handicapè". [Money is not a major problem. We can manage. The greatest worry is that if I die, there is nobody to take care of him. We are getting old. Today's children have no patience. They are not interested in helping a disabled member of the family. Therefore, the govern-ment should start planning how they are going to help the handicapped].

This carer, I have no doubt, is speaking for a relatively large proportion of the respondents. I am prepared to go as far as saying that they are likely to speak for the majority of the Mauritians, who, unless the cultural erosion of informal support in the families and in the communities stops, will have to rely on all forms of social services in the future.

The above discussion points out that there is an urgent need to re-evaluate the existing social services, as it shows that social problems, rather than financial ones, seem to be increasingly becoming a more dominant factor in the Mauritian society. Therefore, the services need re-adjustment to meet new needs. In addition to coping with the issue of stigma, which has to be dealt with through public education, relevant services have to be developed. Along with the development of a few specialized residential establishments, a community care package, involving different appropriate strands of multi-disciplinary services, such as counselling, advocacy, nursing support,

and welfare rights advice, should be considered. Existing social services, as currently structured and delivered, are clearly no match to the challenges of rapid social change on the island.

The Disabled without Welfare Support

Table 12 shows that nineteen per cent of the informants from the sample population of 225 respondents receive no welfare support at all, although they believe that they are entitled to it. As this is a client-oriented study, the belief of the respondents is important and cannot be ignored. Here the emphasis is financial, as they are already getting health services. The point that they are receiving medical support appear to make them feel particularly aggrieved, believing, for this reason alone, that they deserve and are entitled to a pension. Such a relatively large number as 19% of the handicapped people in this study being denied of financial support is a matter of such grave concern that it is morally wrong for the authority to ignore it. The illustration of a few cases may justify this category of disabled people's grievances for not receiving any financial support.

Informant no.4 is a partially sighted man of just under pensionable age. As a result of poor health, he has been forced into early retirement. He has been waiting for his lump sum from his ex-employer and his claim for invalidity benefit for a long time. But he has heard nothing. He is illiterate. He does not know how to go about getting the money to which he is entitled. He complains that there is no help or advice.

Informant no.46 is the carer of a 7 year old girl, who is severely disabled. There is no financial help. The mother complains that she cannot even get a wheelchair. She has been told that she has to wait until the girl reaches her 15th birthday for a pension.

Informant no.61, aged 36-41, has not been able to work, following an industrial injury. He has a family to support, plus a growing debt as a result of living on borrowed money to maintain himself and his family. The Social Security Department has refused to make a benefit payment on grounds that he cannot produce receipts for the compensation money that he says he has invested in the construction of his house. Small builders do not give receipts for building works on the island. This is a well-known fact. He feels that he is being unnecessarily penalized for things beyond his control. Clearly, there is a lack of not only compassion, but also of discretionary rules in the department concerned.

Informant no.77 is a man aged 31. He is unfit for employment as a result of a serious arm injury at work. Officials from the Department of Social Security insist that he can do 'light work', which is not easily obtainable. Denied of government help, he has had to rely on his elderly parents' pensions to live. He finds this mentally torturing.

Informant no.92 has applied for financial support from the Department of Social Security on behalf of his severely

disabled daughter, but his application has been rejected. He has been told to wait until the girl reaches her 15th birthday. He is very angry for getting no help at all from the Welfare Department.

Informant no.113 cannot get financial support for her severely disabled 8 years old daughter on the grounds that her earnings are above the level that disability payment is made. The girl's mother works as night domestic in the hospital. Officials from the Social Security Department do not take into account that she pays a childminder to look after her disabled daughter while she is at work.

Informant no.131 has a 13 year old son, with severe mental and behaviour problems. The psychiatrist from the mental hospital has recommended that the boy be allocated a disability pension, as he satisfies the criteria. On the other hand, officials from the Department of Social Security are refusing to accept the recommendation on the basis that the boy is still under 15.

Informant no.143, a mentally handicapped young man, receives no financial support. He simply has no idea of how to gain access to the maze of procedures for this welfare provision. He is surviving by doing odd jobs, like pushing a disabled person in a wheelchair, cleaning someone's garden, and, when nothing is available, begging on the street.

Analyses and Findings

The 8 cases discussed above raise a number of issues. For instance, in relation to respondent nos. 4 and 143, it clearly shows that not only publicity for welfare provisions is missing, but there is also no means of getting advice in matters between the powerful employers and the ordinary citizens. Lawyers are too expensive for many people in their category. Even if advice and support are available, the overwhelming majority of the informants do not appear to know where to go for the services. Unfriendly public services, made so by bureaucracy, status-conscious supercilious staff, lack of training for the staff, and low motivation as a result of poor job-progression, add to the problem. There also seems to be a lack of clear communication between Headquarters and the Social Security Offices in the District areas, a problem, in my view, can only be resolved by the decentralization and localization of services. This is due to poor communication between Headquarters and the Offices in the Districts concerned or lack of training and supervision. A sister-carer, angry at the doctors' negative assessment for a pension for her disabled brother, asks at the interview: "Faudè li mort lere la li pou merite un pension [Must he die first before he is seen as entitled to a pension]?" Respondent no.187 has been waiting for a long time for consideration of social service support for her severely disabled 8 years old son. When he died in April 1993, the application for social service support was not yet assessed. There should be a system of prioritizing and flexible discretions based on the merits and urgency of the cases submitted for support. Looking at

the applicants with empathy, a quality essential for those working with people, seems to be noticeably lacking in the public service sectors in Mauritius. This is a fair reflection of the views of the respondents.

There is no need, in my view, to quote more than the 8 cases as evidence of the considerable bureaucratic confusions and muddles at the horrendous expense of the service-users. To minimize the problems, a re-evaluation of the administrative machinery is called for. The solution appears to lie in the development of a user-friendly system of advocacy and welfare rights, which will act as a mediator between the parties of opposing and differing interests. There is a need for an agency to take the side of the weak, the poor, and the powerless. There is a need to enforce social justice. Perhaps an agency with power of sanction, similar to office of the Ombudsman, may be the solution to strengthen the rights of the recipients of social services in Mauritius. Concepts and theories are transferable, but in the context of Mauritius they have to be modified so as to meet the needs of the Mauritians, which is feasible and makes good commonsense. However, there can never be efficient, effective, and economical social service provisions without the re-organization of the welfare sectors, proper training to staff by adequately trained and skillful lecturers at the University of Mauritius, satisfactory opportunities for professional advancement, and political non-interference.

It has also been observed that many of the respondents who are not receiving government support are at least wished to

be officially recognized that they have a problem, which needs to be viewed with compassion and understanding. Recognition in itself may not be sufficient, but it is believed that many of informants' problems will psychologically minimize the stress, the pain, and the feeling of anxiety inherent in anyone experiencing a disability. Respondent no.124, a young angry and exhausted mother, with a severely disabled 5 year old girl, complains that there is no help or advice: " Mo dire ou mo pas connait qui mo pou faire avec mo la vie. Pas gagne aucun conseil". [I don't know what to do with my life. There is no support from the Welfare Department]. Respondent no.188, a young mother with a disabled 7 year old son, makes a similar complaint about the lack of recognition for her problem: "Pas gagne aucun conseil avec gouvernement. Parfois ou demoralisè". [There is no advice or support from the government. Sometimes I feel demoralized". These two informants, no doubt, are speaking for many respondents without welfare support. Respondent no.124 is the wife of a millionaire. It is repeated that financial support in itself does not seem to be satisfactorily meeting the needs of the majority of the respondents. They are crying for other nature of support than financial. However, it appears that the imposition of welfare provisions, directly transplanted from the West, as it has been going on for years, or coming from outside experts or eurocentric senior officials, will not do. What is needed are social services, developed and designed from the basis of local social conditions, to meet the needs of the Mauritians. This, none the less, is unachievable without consulting the Mauritians directly.

This is what this investigation is attempting to achieve.

Residential Care

Institutional care has a long history in Mauritius, going back to the French and British colonial periods in the 18th and 19th centuries (see Chapter 3). It also constitutes one of the three major proponents in the apparatus of social services in Mauritius, as already indicated. With the gradual destruction of the traditional family system on the island, the disappearance of network of support in the community, and the growing individualistic ethos replacing traditional collective responsibility, reciprocity, and mutual support (Mannick, 1989: p.136), institutional care is bound to become an indispensable factor in the system of social services. According to Geoff Dench (1994: p.197), the transference of personal dependency away from the family to the Welfare State has also contributed to the deterioration of the situation. This survey has shown that a growing number of Mauritians, young and old, sick and infirmed, the lonely and the unwanted, will be making increasing demand on its services, unless social conditions are reversed dramatically, which, under current circumstances, is unlikely. In 1992, at the time of fieldwork, there were 700 residents in 17 residential establishments. In the majority of cases, they are managed and run by voluntary organizations, trusts, and ethnic and religious groups, a process which seems to be used as a means of abdicating government responsibilities and, as a consequence, letting the most vulnerable people in society down. In spite of access problems (see Chapter Chapter 4), I managed to visit

11 residential establishments, as already indicated. Residential services are available for three categories of Mauritian islanders: (i) the destitute; (ii) the paid residents; and (iii) the temporary residents.

The Destitute

The destitute consist of those children and adults who have either been rejected by their family or there is no close relative who is prepared to take responsibility of caring for them (see Appendix C for detail). The lonely, old Tamil lady in Home no.4, placed by her former employer, is an example of a destitute person in the context of Mauritius. 'Ton' in Home no.2 is a second example. The 84 years old man, interviewed at Home no.9, who was thrown out by his children and arrived with a suitcase, is a third example. As for destitute children, they are those in Home no.1 and other Homes with children residents.

The Paid Residents

More and more Mauritian elders, coming from different socio-economic strata and ethnic groups, have been observed to be showing a greater preference to going into a Home rather than living with the younger members of their family for various reasons. In some cases the comparatively well-off children see their less educated or uneducated parents as an embarrassment and often try to rid themselves of them into a Home. With the new and competitive life-style, sustained by earning as much money as possible with a view to keeping up with the Joneses, the younger members of the family often find their elders an hindrance rather than a help, unless

they can be used as childminders, gardeners, cooks, domestic servants, or, to put it in the words of a Welfare Officer, as 'guard dogs for the house'. On the other hand, the elders also seem to be fully aware of their situation. In keeping with the new cultural ethos, they too have begun to rebel and become increasingly defiant to their sons' or daughters' selfish attitudes. They are either setting up home separately from the younger members or show a readiness to go into a Home with least encouragement. In January 1995, I met an elderly woman, who has recently been crippled by a road accident. In spite of having relatively well-off children, she is seriously making a choice to go into a Home. Going into a Home does not seem to bear the heavy brand of stigma as in recent past. The ex-teacher at Royal College, now living in Home no.2, and the ex-policeman, now residing in Home no.4, are but two examples of the recent trend of relatively well-off people's preference or out of no choice to accepting residential care. These are the symptoms of once a relatively healthy and cohesive social system facing the crisis of normlessness in a society encountering rapid transition, a situation which the eminent French sociologist, Emile Durkheim, (see Coser: 1971, pp.132-133) called **anomie**. This is also the signs of the time for the current and future Mauritius, unless the Mauritian people realize the social conditions for self-genocide that they are creating for themselves and try to reverse them. The country is paying the price for Westernization and poor role model in the current leadership.

Temporary Residents

Falling under this category are those who need an emergency refuge on grounds of severe social problems, like domestic violence and self-protection. It is useful as it provides a cooling-off period or time for counselling and negotiating with a view to their re-entry into the community. This form of temporary welfare provision is becoming increasingly useful in a society confronting unprecedently mounting social problems fuelled by rapid social changes and inadequate and ineffective social services. An example of people belonging to this category is the ex-bus conductor referred by hospital doctor to Home no.10 for convalescence after a stroke. His wife gives these reasons for her home-sick husband to remain there: "Mo pas capave occupe li la cage. Parce qui mo bizin alle travaille pou soigne mo zenfants". [I can't look after him at home. I've to work to support my children]. The three women in the all-women's establishment, Home No.3, a Creole, a Chinese, and an Indian, are other examples of temporary residents. The Creole woman was sent there by hospital doctor following treatment after an overdose. She explains why she is there thus: "Mo finne gagne la guerre avec mo mari. Li ena un maitresse. Mo ti boire poison". [I had a quarrel with my husband because he has a mistress. I took an overdose]. The prosperous-looking Chinese woman, feeling uncomfortable and looking eager to return home, expected her family to pick her up soon: "Ta lere mo famille pou vinne cherche moi". The Indian woman says she has been thrown out by her family. The 14 years old girl with a baby in Home no.8 is another example of temporary residents. These are some examples of

how the society is breaking apart socially. The concern is that how temporary is temporary residents in some cases without the involvement of skilled counsellors or intermediaries? I could not get an answer for this question. The staff were dedicated and caring, but appeared to be unskilled, amateurish, and naive. To improve the standards of care in the residential institutions visited, there is a need to recruit staff with appropriate aptitude for the job, to provide effective training, and to give them some status. Current social trends show that residential Homes will be under increasing pressure for placement.

Inadequacy of Residential Provisions

The findings of this study suggest that existing institutional care is not only ill-equipped, but also cannot cope with the increasing demand made on it. For example, respondent no.26, the mother-carer of a severely disabled 28 year old girl, cannot find a placement in a Home for her. As a result, she is being used as a scapegoat for the other children in the family who are not getting suitable marriage proposals. The carer believes that her daughter will be happier in a 'couvent', Home. Informant no.58, who has been left in a shed at the back of the house, is looking for a place in a Home and cannot find one. Respondent no.64 cannot cope without strapping the 19 years old girl with severe mental illness to the bed. She has been unsuccessfully looking for a Home. The single unsupported mother, respondent no.154, with three young children cannot find a Home for her 8 years old severely disabled son: "Mais mo pas pe gagne un place dans couvent. Zotte dire moi pas capave

prend li". [But I can't find a Home for him. The Nuns says they can't offer him a place]. Respondent no.149, a severely disabled amputee, has approached a Home for a place, but has been told that there is no vacancy. He clearly needs 24 hours' care. Informant no.163 says he can no longer look after his doubly incontinent, very confused, and paralysed mother, but he can't find a Home for her: "Mo nepli capave guette li. Mais personne pas le prend li. Couvent dire zotte pas capave guette li. Masoeurs dire amene li l'hospital. L'hospital dire zotte pas capave faire nenrien pou li. Dire moi qui mo bizin faire, missieur? Donne moi un l'idè". [I can no longer look after my mother. But no one wants to look after her. The Nuns at the convent say they can't give her the care she needs. They suggest that I should take her to the hospital. But doctors at the hospital say they can't do anything for her. Tell me, sir, what should I do? Give me some advice].

Analyses and Findings

The desperation for residential placement mentioned above is only the tip of the iceberg. This study has shown, with the new cultural ethos of materialism and individualism, the crisis for more institutional care will persist and, as a consequence, there will be more suffering not only among those like the mother of respondent no.163, who desperately needs residential care in her last few days, but also among those who are regarded as object of stigma. Another example in the former category is the 19 years old mentally ill girl, who is strapped to the faeces-and-urine soaked bed for most of the time. Within the latter category falls the 28

years old mentally and physically handicapped girl, who is being scapegoated for the failure of her brothers and sisters to get suitable marriage proposals. There are dozens of disabled respondents, who are being reluctantly cared for at home by their carers. Equally many of them, because they are seen as stigmatizing and a heavy burden, are being deliberately or unconsciously abused. In my view, it is the moral responsibility of any decent and civilized society to protect the unprotected. My interviews and meetings with the disabled respondents clearly indicate that they are crying in silence for society to discharge its legitimate responsibility towards them. The authority cannot go on abdicating its moral responsibilities towards the most vulnerable members of the Mauritian society.

Welfare Recipients and Health Services

The overwhelming majority of the informants, because of their disabilities, do not only rely on disability allowance, but also on medical services. Like outdoor and indoor reliefs, the system of health services also has a long history on the island, dating back to the French colonial period in the latter part of the 18th century. Under the British Poor Law system, there were well-established health service provisions provided by both dispensaries and hospitals (see Chapter 3). The medical services have always been an integrated part of welfare provisions in Mauritius. It is one of the three proponents of the welfare apparatus, apart from outdoor relief and institutional care, which is being specifically considered in this study. As illustrated by Table 5, the informants

experience a multiplicity of problems. No less than 98% of them suffer from physical disabilities and 42% of them also experience from one or another form of mental distress. Consequently, in addition to financial support, there also exists a need for medical support. However, the latter seems to have attracted noticeably the fiercest criticisms from the informants. The third question **'Are you satisfied with welfare provisions received?'** will consider the wide-spread disenchantment and discontent with medical services in great detail. Here it is, however, important to reiterate that Mauritius does not only provide a wide range of health service facilities, but its health system is probably one of the most advanced on the African continent. As far back as 1871, there were six Poor Law Hospital and the Civil Hospital. In 1991, Mauritius had four Regional hospital, five District hospital, and four specialist hospitals. From 1987 to 1991, the number of government-employed doctors rose from 449 to 533. Nurses and midwives also increased from 2,258 to 2,682 during the same period. As a result, the respondents have been provided with all types of services for all types of health problems. However, there is wide-spread dissatisfaction with the quality of hospital services, as indicated above, which will be evaluated in Chapter 7, under the heading of **Recipients' Responses to Allocated Welfare Provisions**. However, it may be pertinent here to briefly point out, in spite of the relatively massive investment in health services, that, paradoxically, the Mauritian islanders are adversely affected by a number of dangerous and life-threatening diseases. For example, heart disease is as high as in the developed societies and

"Diabetes was found to exist in virtually epidemic proportions in all ethnic groups and social strata, the rates being several orders of magnitude higher than those of Western countries (World Health, June 1989: pp.18-19)". A letter from the Mauritius-based Lions Clubs International, dated 14th July, 1994, appealing for donation, states that Mauritius has no less than 27,852 disabled persons and their numbers are growing all the time. The health problems and the inefficiency of the health services, as briefly outlined below, are recognized by the government. This rise in health problems could be due to increasingly less effective diagnoses and poor quality of health services. Therefore, the authority is concerned about the quantity and quality of health care. In his 1991-1992 Budget Speech, the Prime Minister, to his Administration's credit, reassured the electorate and the Mauritians generally that his government "... are giving urgent attention to the upgrading of the quality of health care all-round". In line with this commitment, the Health Minister made a serious attempt, although unsuccessful, to improve health services by trying to stop hospital doctors from also participating in the lucrative private practice at the expense of the patients (L'Express, 21.3.1992). There have been incremental investments in the health sector. There was an eight per cent rise for the health services in the financial year 1993-1994 (Le Mauricien, 14.7.1993). None the less, the services are far from desirable (see Chapter 3, under Health Services, for further detail). The current Minister of Health, Mr Régis Finette, is also investing great effort so as to improve the quality of health services by accusing the

medical profession in the hospitals of holding the public hostage (Week-End, 13.11.1994). A case of negligence, which resulted in the death of the patient, has also been referred to the Ombudsman (L'Express, 15.11.1994), something that could have never happened only a few years ago. Below are some brief examples which should give some insight into the unacceptable quality of medical services available for the ordinary citizens of the island of Mauritius. These are excerpts extracted from the respondents' interviews:

Respondent no.1, a victim of angina, says that he went to the casualty department at 4 a.m., following a road accident. Only at 9 o'clock a doctor saw him. There was no x-rays taken. He showed me several stitches on his head when I interviewed him. He was sent home by public transport. His face and neck were still spattered with dry blood.

Respondent no.35 has become bed-ridden, following the amputation of her leg. She explains how the amputation took place: "Mo li pied ti gagne la cangrin. Docteur jamais finne dire moi qui mo gagne diabete. Cinq fois mo finne faire l'operation. Chaque fois docteur la coupe un ti bout mo li pied. Sa montrè ou couma l'hospital perna traitement". [My foot contracted gangrene. Doctors had never told me that I was diabetic. They operated five times on my leg, cutting a little bit each time. This shows you how bad hospital treatment is].

Respondent no.40 says that she took her son to hospital to correct his facial deformity, which has made him an object

of torment for a long time. She adds that the doctors gave the impression that they could not decide whether to operate or not. She believes that they were looking for a bribe before the operation: "Mo pensè li pe rode un ti pitai".

Respondent no.52 says whenever his 33 years old mentally ill son is admitted at mental hospital, he has to give bribes for the care of the patient. He puts it thus: "Ena un lotte probleme encore. Quand li dans l'hopital mentale, bizin donne un ti l'argent un patient cequi un pe bien pou occupe li. Bizin donne sa nurse la si un ti gousse. Sans sa zotte pas pou prend li conte". [There is another problem. When he is in mental hospital, I've to give some money to a less ill patient in order to keep an eye on him. The nurse also has to be given a bribe. Otherwise he won't get any care].

Informant no.80, on the other hand, describes hospital treatment or lack of it more dramatically thus: "Perdi le temp l'hopital. Pas soigne dimoune la bas. L'hopital un la battoire. Zotte tuè dimoune la bas". [Going to hospital is a waste of time. They don't treat people there. Hospital is an abattoir. They kill people there].

After introducing me to her 12 years old, who is wheelchair-bound, respondent no.112 says that hospital doctor has stopped physiotherapy for the boy, asking her to do it herself. Unable to pay for private treatment, the boy's father has devised this method of physiotherapy for him: "Trappe piè. Diboute. Asigè. Levè. Trappe piè. Diboute".

[Hold the tree and stand up. Sit down. Get up again. Hold the tree and stand up].

Respondent no.130 is a sick lonely batchelor. Leaning for support on a crudely made stick, he was returning from hospital when I requested an interview. He says he has spent the whole day in hospital. After examining him, he adds, the doctor has given him a prescription to buy the medication from the chemist. But, he continues, the medication will cost Rs.56 and he has no money to pay for it: "Mo pas capave achetè medecine. Mo pas ena l'argent. Plito mort meme". [I can't buy the medication. I've no money. I prefer to die].

Respondent no.165, who is paralysed as a result of a stroke, complains thus about hospital services: "Perdi le temp l'hopital, missieur. Banne docteur la avec banne nurse la guette ou couma dire ou un pacquè kaka la bas". [Going to hospital is a waste of time, sir. The doctors and nurses look at you as if they are looking at a pile of faeces]. This woman looks really ill.

Respondent no.201, a sick lonely bachelor in his 70s, was returning from the hospital when I interviewed him. He complains: "Resse un journè cotte l'hopital. Docteur donne panadol. Li dire pas ena medecine. Li dire alle achetè. Li dire vinne guette li dans so la cage. Si ou pas capave paiye docteur, ou mort". [I've spent the whole day at the hospital, but the doctor has only given me panadol. He says there is no other medication. He says if I wanted better medications, I should buy them. He has asked me to see him

at his home. If you can't pay the doctor's fee, you die without medical care].

This is but a small sample of the views of the informants about the poor quality of health services as personally experienced by them. For greater detail, one should refer to data under Appendix B and Chapter 3 under the heading of Health Services. It is due to the poor health service provisions, the findings of this study have shown, that an increasing number of the respondents, having lost faith in the public medical services, are turning in desperation towards spiritual and other alternative forms of healing. In today's affluent society of Mauritius, the Mauritians should have greater faith in modern medicines rather than turning to the supernatural and black magic for the healing of diseases. These two cases give one an idea of not only the growing disenchantment with current health services, but also the reactions of desperate people crying for support: Respondent no.114, the mother-carer of a severely disabled 10 year old girl, has now put all her trust in God for her daughter's recovery: "Mo mette li dans la main Bon Dieu. Li meme pli grand". [I entrust her in the hands of God the Almighty]. For the cure of her 7 years old disabled son, informant no.188 has turned to making vows, offering prayers to God, giving alms to the poor, doing 'social work', fasting, doing penance, and seeking help from the practitioners of witchcraft. Turning to the supernaturals for cure by a growing number of Mauritians, instead of relying on modern medicines, perhaps epitomizes the poor quality of health services on the island. The suspension of

a fourth hospital doctor for negligence (L'Express, 22.11.1994) and the creation of an association for the protection of hospital patients (L'Express, 11.11.1994) need no further comment about the poor quality of hospital services in Mauritius.

The Mental Hospital

I made three observation visits surreptitiously to the only psychiatric hospital on the island, having failed to obtain official permission. I was secretly taken to see three wards, including the secure unit, where I discussed conditions for patients with staff, tried to talk to a few patients, and made some observation. I was told that the hospital had about 1300 patients, most of whom were male. According to the staff, there are a disproportionately large population of Muslim psychiatric patients because, they believe, the largest number of drug traffickers are Muslim dealers. They say that patients' problems are mainly drug and drink related. Some of the types of drugs used by them include brown sugar rolled and smoked like cigarette, which produces hallucination; cannabis, expectorant syrup; a certain species of mushrooms; and opium. As for treatment, ETC is widely used. There are no therapeutic sessions. One of the charge-nurses says that once he distributes the medications to his patients the day's work is over. Homosexual activities, I have been informed, are openly practised among the patients. I see one Chinese patient standing naked in the ward. The mattresses, which are partly torn and some without covers, look dirty with stains of faeces and urine. The wards are invariably overcrowded and,

as a consequence, patients have to sleep on the floor or wherever they can find a little space. Outside, the patients, sitting in small groups under the morning sun, look like zombies as a result of heavy dosage of medications. They hardly talk, which is unusual for the naturally garrulous Mauritians. I also come across a group of men, who are categorized as mentally ill because they are epileptic. The Charge Nurse assures me: "Si banne docteurs la pas comprend un dimoune so maladie, zotte dire li fou. Zotte envoi li l'hospital mental. Zotte debarasse zotte avec li". [If the doctors can't diagnose the patient's medical problem, they classify him as mad. They get rid of him by sending him to mental hospital].

The Brown-Sequard Hospital, the only psychiatric hospital on the island, seems to be perceived by the respondents as a place similar to 'lenferre', hell. Respondent no.52, who had a 33 year old mentally ill son, said: "Ena un lotte problème encore. Quand li dans l'hospital mental, bizin donne un ti l'argent un patient cequi un peu bien, pou occupe li. Bizin donne sa nurse la si un ti gousse. Sans sa zotte pas pou prend li conte". [There is another difficulty. When he is in mental hospital, I've to give some money to a less ill patient to look after him. The nurse also has to be given a bribe. Otherwise he won't get care]. A young drug addict, respondent no.180, explained the conditions in the mental hospital thus: "Mo finne faire deux semaines l'hospital mental, mais sa perdi le temp sa. Mo senti moi plus mieux la. Zotte tué ou avec medicaments la bas". [I spent two weeks in mental hospital, but it was a waste of time. I feel

better here. They kill you with medication there]. The poor quality of health services from this hospital is also corroborated by Le Mauricien (15.1.92). Discussing the case of patient Solange, who was found after several days in a general hospital with injuries from a road accident, this newspaper stated that the psychiatric hospital was not aware that he was missing. I have been informed that the quality of psychiatric treatment depends on how much money that one can pay. In other words, the informants emphasize, 'no payment, no treatment'. Some of the carers collect the medications for the patients every six months. A mother-carer says that her mentally ill out-patient son has not been seen by this hospital's doctor for over five years.

I could not visit the women's wards. However, information from the female psychiatric social worker indicates that their conditions are equally appalling. There are about 300 female patients, many of them are admitted, I have been informed, following family breakdown and other domestic difficulties.

There seems to be a correlation between poor mental hospital services and growth of hospital patients. From 1990 to 1993 about 5000 more patients were receiving psychiatric treatment. Instead of the need for better and improved treatment, the Consultant Psychiatrist attributes this to social problems thrown out by the new culture of materialism. He argues (Week-End, 16.10.1994):

"This is a great cause of concern for, as I said before, the sanity of our society depends on the strength of our familial cell. The weakened family cells point on the whole to a degradation of our moral fibre. There is something drastically wrong and unhealthy in our society. Is our uncontrolled rush for financial gains and material comforts responsible for this state of affairs? Or is it due to a lack of proper role models in our society?"

As a psychiatrist, one would have expected him to focus in his speech on diagnosis and treatment rather than to speculate or play the role of a sociologist. He also deplores the fact that many of this hospital's patients resort to what he calls 'non scientific methods of treatment'. Seeking alternative modes of remedy, such as consulting the witch doctor or relying on supernatural powers, appears to clearly suggests that the quality of hospital treatment is unsatisfactory.

Summary of Findings

The findings of this study show that welfare provisions are primarily confined to a monthly allowance and, to a lesser degree, medical and residential services. With regard to outdoor relief, 81 per cent of the informants receive financial support and 44 per cent of them are also medical service-users. What is, however, of great concern is that 19% of the informants in the sample population receive

little or no support at all. 43 persons out of 225 being denied of welfare support suggest that there must be some major problems at the point of initial assessment for services. It should be looked into. In respect of residential care, in spite of the problems of access, there are sufficient hard data to state categorically that conditions for residents are intolerable in the majority of the Homes visited and observed. The fact that there is no open complaint from the residents should not be taken as a sign that everything is alright. Vulnerable people, who have said 'Grand merci Bon Dieu', Thanks the Lord, for having been offered a placement, are unlikely to complain or, if complained, could be victimized. In addition to these difficulties encountered by the residents, the majority of the staff, starting from top to bottom, are untrained. Devotion to the job of looking after vulnerable people is not enough in a traumatized society under the pressure of industrialization and westernization. With the likelihood of increasing demand for placement in residential Homes, a re-evaluation of the system is urgently called for. The policies of future residential establishments should be guided by a humanistic vision. People deserve to be treated with respect and humanity, irrespective of their socio-economic classes or the circumstances that have driven them from their homes.

A growing minority of the informants have also been arguing that a payment of an allowance does not always respond positively to their needs, which at times require counselling, advice, support at home, or, to put it in a

nutshell, social work intervention. With the Mauritians becoming more individualistic and competitive, there will be a growing number of stragglers, who will need general support from a comprehensive system of social services.

With respect to health services, including treatment for mental illness, there is wide-spread dissatisfaction among the informants. This is exemplified by the fact that only 44% of them are using medical services, although, because of their disabilities, mental and physical, the majority of them require medical attention. This is another area of social services which requires reforms. Recent incidents, i.e. the death of a patient, the suspension of four hospital doctors for professional incompetence, and the need to create an association in order to protect the interests of patients (see Chapter 3, under the heading of Health Services, for further detail) have made the reform of the health services as a matter of great urgency. It is reported that the Health Minister is considering a programme of reforms with a view to improving health services (L'Express, 10.12.1994): "Ce plan proposera des mesures correctives afin d'améliorer les services de santé public". It is only hoped that the reforms will be genuine and are not motivated by political considerations.

The new cultural ethos, generated by the Western mode of industrialization, is having a corrosive effect on the traditional family system and the community, which once intrinsically contained a powerful, cohesive elements of collective caring responsibilities towards their less able

members. It is difficult, if not impossible, to stop this trend. Consequently, there is a growing need to generate new and relevant social services. The findings of this study have demonstrated that the existing system of social services is ill-equipped in terms of visions, imaginations, skills, and organizational structure to respond satisfactorily to the needs of current and prospective service-users. Therefore, this study strongly suggests a re-evaluation of the whole three systems, outdoor and indoor relief and the health services, with a view to making them more responsive and effective to the rapidly changing needs of the Mauritian islanders. To summarize the findings of this chapter, a restructuring of the welfare system is urgently called for.

CHAPTER 7

RECIPIENTS' RESPONSES TO ALLOCATED WELFARE PROVISIONS

Chapter 6, headed 'The Nature of Allocated Welfare Provisions', focuses on the nature, quality, and scope of welfare provisions allocated to the respondents of social services. They have been found to be inadequate and unsatisfactory vis-à-vis the informants' real needs. Under this heading, attempts will be made to explore, analyse, and interpret the responses and reactions of the informants to the question 'Are you satisfied with the welfare provisions received?' from the standpoint of the recipients themselves. The tasks in hand and the goals aimed at cannot be otherwise, since this is a service-users' oriented study.

Responses of Welfare Recipients to Social Services

The following tabulations give an idea at a glance of how the informants feel about their unmet needs from individual Districts.

Table 14

Responses of Welfare Recipients in Black River

Responses	No.	%
Not Satisfied	23	92
Satisfied	2	8
Very Satisfied	-	-
Not Sure	-	-
	—	—
Total	25	100
	—	—

Table 15

Responses of Welfare Recipients in Flacq

Responses	No.	%
Not Satisfied	20	80
Satisfied	5	20
Very Satisfied	-	-
Not Sure	-	-
	—	—
Total	25	100
	—	—

Table 16

Responses of Welfare Recipients in Grand Port

Responses	No.	%
Not Satisfied	18	72
Satisfied	3	12
Very Satisfied	1	4
Not Sure	3	12
	—	—
Total	25	100
	—	—

Table 17

Responses of Welfare Recipients in Moka

Responses	No.	%
Not Satisfied	22	88
Satisfied	2	8
Very Satisfied	-	-
Not Sure	1	4
	—	—
Total	25	100
	—	—

Table 18

Responses of Welfare Recipients in Pamplémousses

Responses	No.	%
Not Satisfied	24	96
Satisfied	-	-
Very Satisfied	1	4
Not Sure	-	-
	—	—
Total	25	100
	—	—

Table 19

Responses of Welfare Recipients in Plaines Wilhems

Responses	No.	%
Not Satisfied	22	88
Satisfied	2	8
Very Satisfied	—	—
Not Sure	1	4
	—	—
Total	25	100
	—	—

Table 20

Responses of Welfare Recipients in Port Louis

Responses	No.	%
Not Satisfied	24	96
Satisfied	—	—
Very Satisfied	—	—
Not Sure	1	4
	—	—
Total	25	100
	—	—

Table 21**Responses of Welfare Recipients in Rivière du Rempart**

Responses	No.	%
Not Satisfied	24	96
Satisfied	-	-
Very Satisfied	-	-
Not Sure	1	4
	—	—
Total	25	100
	—	—

Table 22**Responses of Welfare Recipients in Savanne**

Responses	No.	%
Not Satisfied	19	76
Satisfied	5	20
Very Satisfied	-	-
Not Sure	1	4
	—	—
Total	25	100
	—	—

Analyses and Findings

The emphasis here is primarily on outdoor relief and health services, which are the two main systems of welfare provisions used by most of the respondents. However, questions about residential care or lack of it were also

raised during the interview. If one scrutinizes the responses of the nine Districts individually as organized in the above tabulations, two points become most obvious: first, one will observe that the overwhelming majority of the respondents are 'Dissatisfied' with the social service provisions and, second, it is also illustrated that the numbers of those 'Dissatisfied' vary from District to District, some significantly from the point of view of statistics and others are otherwise, as already stated. To illustrate a few examples, the respondents from the Districts of Pamplemousses and Rivière du Rempart top the list with 96% of them 'Dissatisfied'. Their slightly lesser 'Dissatisfied' counterparts are 92% in the Districts of Black River, Port Louis, and Moka; 88% in the Districts of Plaines Wilhems; 76% in the District of Savanne; and 72% in the District of Grand Port. It shows that the informants in the District of Grand Port constitute the smallest number of recipients 'Not Satisfied' with social service provisions. Examining the differences in greater detail, one finds, for example, that between Port Louis with a 'Not Satisfied' score of 96% and Grand Port with the lowest 'Not Satisfied' at the rate of 72%, there is a substantial difference of 24%, which must say something of significance. Again, between Rivière du Rempart with 96% dissatisfied with welfare provisions against 76% dissatisfied informants in Savanne, it shows a difference of 20%, which is a relatively substantial figure. Therefore, the data raise a number of sociologically significant issues, but the most important questions immediately come to mind are:

- (i) What are the reasons for the dissatisfaction with social service provisions?
- (ii) Why is the dissatisfaction varied in certain Districts more significantly than in other Districts?

Reasons for Dissatisfaction

The service-users are better equipped than anyone else to answer this question. In their statements of dissatisfaction with existing social services, they seem to be providing data not only indicative of the irrelevance of most of current welfare provisions, but also useful for future policy formulation, service development, and innovation. Here are the informants' answers, which have been systematically selected:

- 1 - This respondent complains of inadequate pension, housing needing repairs, and poor hospital treatment. He adds: "Mo gagne boucoup traca. Mo pas gagne aucun aide". [I've many difficulties, but there's no support].
- 7 - The respondent's husband is a low-wage labourer. She says the income is insufficient to make ends meet. But her greatest concern is the child's heart problem, which causes the carer great anxiety: "Mo pas capave dormi dans la nuit. Mo peur en cas li mort. L'hospital pas pe faire nenrien pou li". [I

can't sleep at night for fear that she might die. The hospital is doing nothing to cure her].

12 - This informant says that he has been ill for a long time. He also complains of isolation. He continues: "Zenfants guette pou zotte mème". [The children are selfish and they don't help].

16 - The young mother of four children, one of whom is mentally handicapped, says her family often go to bed with little or no food. The children are half naked. She adds: "Nous la cage coulè. Nous misère, missieur. Nous tia content un dimoune donne nous l'idè pou vive pli bien". [Our house leaks. We're poor, sir. We need advice so that we can lead a better life".]

21 - This bed-ridden pensioner says: "Mo malade. Mo finne vinne vieux. Mo couma un prisoniè lor lili. Mo pas ena personne pou guette moi. Zenfants pas prend moi conte. Qui pou faire vive?" [I'm sick and old. I'm imprisoned in bed. I've no one to take of me. The children are not concerned about me. What's the use of living?]

26 - The mother-carer, who feels stigmatized

by her 28 years old daughter with mental and physical disabilities, says: "Un zenfant handicapè un grand traca ici. Li pou pli bien dans un couvent. Li pou faire camarade". [A handicapped child is a major problem for us. She'll be better off in a Home, where she'll make friends. But we can't find a place for her.]

- 31 - Responding to my questions for her 34 years old mentally and physically handicapped son, who is also dumb, the mother-carer says: "Si mo mort, qui pou arive li". [If I died, who would look after him?] She also complains: "A cause li même mo bannne tifi pas gagne mariage. Dimoune peur pou mariè dans la cage handicapè". [Because of him no family wants to marry our daughters. They're afraid to marry in a household where there is a handicapped person.] She says there is not enough help.

- 36 - The carer of 23 years old mentally handicapped daughter explains how she is stigmatized: "Si un grand tifi pas mariè, un grand traca sa pou mama papa. Si ena un zenfant folle, sa un pli grand traca encore. Les zotte zenfants pas gagne bon mariage". [If a girl of marriageable

age does not get married, it is a major worry for the parents. If, on the other hand, the girl is mentally ill, the worry becomes more acute. Other children don't get decent marriage proposals]. She adds that there's no support from the Welfare Department: "personne pas vinne guette li".

- 41 - The 27 years old brother is mentally handicapped. The carer-sister complains: "Mo mama finne vinne vieux. A cause li mo pas finne mariè. Personne pas guette li". [My mother is old. Because of him I've not got married. There's nobody to take care of him.
- 46 - The mother of a severely disabled child cries and says: "Astère la tout famille blame moi. Zotte dire a cause moi qui li finne nè coumsa". [Now all the relatives blame me, accusing me of being responsible for her disabilities.] She complains: Mo pas même gagne un chaise roulante. [I've not even been given a wheelchair for her].
- 52 - The 33 years old son has a history of mental illness associated with violence. Father-carer says: "A cause li dimoune pas le mariè nous zenfants [Because of him no family wants to marry our children]".

He complains that there is no help from the government. He adds: "La police refige pou amène li l'hôpital quand li malade. Zotte dire li trop brette". [The police refuse to take him to the mental hospital when he is psychotic on the excuse that he is too violent.] If he is in hospital, he continues, a less mentally ill patient has to be paid to look after him: "Si li l'hôpital si, bizin paiye un dimoune cequi un pe bien pou occupe li". He also has to give the nurse a bribe. Otherwise, the carer believes, his son will receive no treatment.

- 57 - A respondent below pensionable age says: "Mo pas capave travaille a cause mo gagne malade le coeur. Bureau Social Sécurité dire moi mo pas pou gagne pension. Un la loi pou Indiens, un la loi pou Creoles. Ena discrimination raciale". [I can't work because of heart problems. But the Social Security Office has refused me a disabled pension. There is one law for the Indians and another law for the Creoles. There is racial discrimination.] Asked if he is certain of his view regarding racial discrimination, he says: "Bien sure. Pas bizin monte lor montaigne pou trouve sa". [Certainly yes. One does not have to go to the top of the mountain to see this].

- 62 - The husband is over 84 years old. He is mentally confused, disabled, and bed-bound. The wife-carer, who is mentally ill, complains: "Tout mo même mo bizin faire". [I have to do everything for him.] When the son arrives, he says that there is no support from the Welfare Department and he does what he can to help: "Personne pas vinne guette zotte. Nous faire cequi nous capave".
- 69 - This recipient of social services is old and blind. When his children threw him out of his house, following his wife's death, his cousin took him in. The carer, who is old and sick herself, explains her greatest worry thus: "Si mo mort, qui pou arive J [If I die, who would take care of J]"? Regarding support from the government agencies, she says: "Après sa pension la, pas ena aucun aide [Beside this pension, there's no other help]".
- 74 - Husband is paralysed and bed-bound since 1965. The wife-carer is at the end of her tether. She says: "Mo la vie finne fini avec li. Par fois mo le quitte la cage mo allè. Mo le touiye moi par la". [My life has been ruined with him. Sometimes I want to leave the house and go somewhere. I want to kill myself.] She says there is no help.

77 - The 11 years old boy is deaf and dumb.

Mother-carer's greatest worry is that every child in the Muslim community must know something about Islam: "Nous pas capave montrè li religion. Dans nous religion tous zenfants bizin conne la prière".

[We cannot teach him religion. In Islam all the children must be able to pray.]

She is also concerned about how he will gain his livelihood: "Couma li pou gagne so la vie".

84 - The 27 years old son is mentally and physically handicapped. The elderly carer

says: "L'argent pas un grand problème.

Pli grand traca la si mo mort perna personne pou guette li". [Money is not a problem.

The major concern is who will look after him if I die.]

89 - The respondent, a victim of poliomyelitis,

explains her regrets and difficulties

thus: "Famille pas ti interessè avec banne

zenfants handicapès. Zenfants handicapès

ti un la honte pou zotte". [Families did not

want disabled children. They feel stigmatized

by their presence.] She continues: "Personne

pas interessè avec nous". [People are

not concerned about our welfare]

94 - The 28 years old man suffers from a form of mental illness which frequently drives him to terrorize the members of the household. The mother-carer says: "Li morde dimoune couma un li chien. Mo pe vinne vieux. Mo pas capave guette li". [He bites people like a dog. I'm becoming old. I can no longer look after him.]

99 - Driven out of his home after his wife's death, this ageing amputee is staying with his sister-in-law. He wishes that the government would provide him with some support. If he has enough money, he says, he will have paid someone to take him out periodically: "Si mo ti ena l'argent en plis, mo ti capave paiye un dimoune pou tire moi dehor".

104 - The 75 years old woman is disfigured and has become blind as a result of falling into a boiling pot of rice in her husband's house at the age of 14. The daughter-carer is anxious for the safety of her severely disabled mother while working in the sugarcane fields. She says: "Li resse lor lili mème. Li aspère moi vinni pou occupe li". [She remains in bed, waiting for my return to take care of her.]

109 - The 27 years old son is mentally and physically disabled, apart from being a diabetic. The carer complains: "Li pe vinne tro difficile pou guette li. Li casse tous dans la cage. Combien fois li finne batte moi". [He is getting to difficult. He breaks everything in the house. He has hit me several times.]

115 - The 20 years old man is mentally and physically handicapped. His disabilities are severe. He seems to have been abandoned outside the house. Naked, he is sitting next to a pile of his own faeces. The exhausted carer says: "Li pas causè. Li pas marchè nenrien. Li kaka li pisè tout en place même. Mo tro fatiguè ar li". [He cannot speak. He cannot walk. He defecates and urinates where he is. I am too tired with him.] Carer says she cannot afford to take him to hospital for medication. She cannot also find a Home for him.

120 - A severely depressed and handicapped 30 year old woman says: "Mo passe boucoup misère. Mo le alle noiye moi dans la rivière, mais mo pas ena la force pou alle cotte la rivière". [I suffer a lot. I want to drown myself, but I don't have the strength

to go to there].

125 - The 30 years old daughter is severely mentally and physically handicapped. The tired mother-carer says: "Premier fois un dimoune finne vinne dimande moi qui mo problème [This is the first time that someone has come to inquire about my difficulties]". She adds: "Nous pas gagne aide gouvernement. Dimoune pauve finne maudi même [We don't get any help from the government. The poor are a cursed class of people]".

131 - The 13 years old boy has a mental illness associated with violence. He cannot speak. The carer says: "Long temp mo ti amène li l'hôpital mentale. Mais sa perdi le temp. Apres sa mo pas capave quitte mo travaille chaque fois. Mo capave perdi mo travaille". [I used to take him to mental hospital for treatment, but it's a waste of time. Besides, I cannot always take him there. I may lose my job].

136 - This respondent suffers from poliomyelitis. She is also deaf. She complains: "Mo finne guette zotte pou la pareille. Zotte finne refuse moi. Soliè cassè. Zotte pas reparè. Mo pas satisfait parce qui nous pe essayi guette

nous même". [I applied for hearing aids, but my application has been rejected. When my shoes need repairing, they don't do it. I'm 'Not Satisfied' because we're trying to live independently, but we're not getting any support].

141 - The 11 years old orphan, who is ill, lives by begging. He worriedly asks: "Ou pou amène moi dans couvent, missieur? Mo pas pou alle labas. Mo pas content labas". [Are you taking taking me to the convent, sir? I won't go there. It's not good there].

146 - A young, pretty girl of marriageable age suffers from a heart disease. She is concerned of her future: "Qui sanla pou faire moi demande? Zotte tous dire mo handicapè. Mo pas gagne encouragement". [Who will marry me? They says I am a handicapped girl. There is no encouragement].

151 - The 8 years old boy has been diagnosed by the hospital doctor that he will lose the use of his legs. The carer expresses her dissatisfaction thus: "Pas finne gagne aucune aide gouvernement. L'hospital dire moi mo même mo bizin faire physio ar li. Mo un nurse moi? Mo mette li dans la

main Bon Dieu". [There has been no support from the government. Hospital doctor has said that I myself should carry out physiotherapy with him. Am I a nurse? Now I entrust his recovery to God].

156 - Wife-carer believes that her husband could have recovered from the stroke, if he has proper hospital treatment. "Lère mo ti amène li l'hôpital, zotte ti mette li en bas. Li ti pou bien li, mais li finne gagne mauvais traitement dans l'hôpital". [When I took him to hospital, he was left on the hospital floor. He would have recovered, but he received bad hospital treatment].

161 - Carer's husband is paralysed and can't speak. He can't do anything without help. He cries as his wife explains her difficulties: "Bizin faire tous pou li. 13 bannanè la 13 bannanè martire". [I've to do everything for him. The 13 years has been 13 years of suffering].

166 - The 7 years old boy has one foot shorter than the other. He is also mentally handicapped. The grandmother-carer complains: "Docteur la pas finne même guette li pou un minite, li dire moi amène li l'hôpital fou. Li fou li,

missieur?" [The doctor had hardly seen him for less than a minute when he asked me to take him to the mental hospital. Do you think that he is mad, sir]?

- 171 - The respondent, disabled by a stroke, complains: "Mo senti moi bien tout seul, bien malhereux, depi mo pas capave travaille. Femme faire dominaire. Si ou pas capave travaille, un fourmi ena plis grand valeur qui ou". [I feel very lonely and unhappy since I could not work. Wife has become domineering. If you don't earn, an ant has greater value than you].
- 176 - The carer's 81 years husband has been lying paralysed for a long time. The carer looks exhausted, fed up, and depressed. She complains that her children have deserted her and left her to cope alone with her disabled husband. She says: "La vie pou bien dire. Jisqua li mort mo la vie pou coumsa mème". [Life is very difficult. It will not improve until he dies].
- 181 - This respondent is blind. He has a fair amount of education. He responds to my questions partly in English and partly in patois. He says life has become worthless since he lost his eye-sight. He adds:

"Mo ena capacité. Mais zotte pas
 donne ou facilité". [I've abilities, but
 the government does not give you the
 opportunities to use them].

186 - The 18 years old boy is mentally and
 physically handicapped. He is kept in
 isolation because of the stigma attached
 to his disabilities. The aunt-carer
 says: "Pas capave tire li. Dimoune guette
 li meme". [We can't take him out because
 people keep on staring at him].

191 - The lonely, sick respondent complains:
 "Mo pe mort. Personne pas aide moi. Ni
 garçon ni belle fille prend moi
 conte". [I'm dying, but nobody helps me.
 Neither my son nor my daughter-in-law looks
 after me]. He is clearly a sick man.
 He shows me the scars of his operations.
 I could literally count his ribs.

196 - The 43 years old female respondent suffers
 from depression and spends most of her
 time sitting in a dark shed. The carer says:
 "Li finne gagne malade Bon Dieu.
 Docteur pas capave soigne li sa".
 [She is suffering from a God given illness.
 Doctors have no remedy for her].
 She complains that she gets no help from

the Welfare Department and adds that it is too much trouble to try to get her a pension.

201 - The lonely, sick pensioner complains:

"Li (hospital doctor) dire vinne guette li dans so la cage. Si ou pas capave paiyè, ou mort". [He asks me to see him in his home. If you can't pay for private doctors, you die].

206 - The severely disabled boy is kept in the backroom of a shop. The father-carer says:

"Bizin guette li couma un ti baba. Li empeche moi travaille. Bizin un couvent pou zenfants couma li". [He has to be cared for like a baby. He prevents me from doing my work. There should be a Home for disabled children like my son].

211 - The carer of a 19 years old mentally handicapped girl accuses the government of racism against the Creoles: "Pas gagne nenrien. Finne faire demarche. Mais perdi le temp. Ena discrimination conte Creoles". [There is no support from the Welfare Department. I've tried to get some help, but it is a waste of time. There is racial discrimination against the Creoles].

216 - This respondent says he has lost his job

as a result of suffering from diabetes. Demoralized, he has become an alcoholic. He complains: "L'hôpital pas prend conte. Si ou misère, même cequi misère la pas prend ou conte. [Hospital treatment is bad. If you are poor, even the poor don't care about you].

221 - A combination of angina, diabetes, and high blood pressure has disabled and demoralized this informant. He says: "Jamais mo ti pensè qui un jour mo pou vinne misère coumsa. Mo pas connais qui mo pou faire avec mo la vie". I never thought that one day I would become so poor. I don't know what to do with my life].

Analyses and Findings

These are a synopsis of the responses of 44 informants, which in many respects fairly reflect the views of the overwhelming majority of them with regard to their dissatisfaction with current welfare provisions. Looking at their statements as they are, it does not tell one very much because of their linguistic style adopted in the presentation of their problems. But, on the other hand, if they are examined from what Agar (1986: p.16) called 'understanding' or Weber (see Wrong, ed., 1970: p.18) referred as 'Verstehen', the respondents' answers unambiguously represent their disenchantment with services

with some deep feeling of anger and frustration. Comments or judgements made by outside social scientists on people of a different culture should always be taken with a pinch of salt because of the webs of complexity within which the value system, beliefs, norms, and mores are constructed and presented. For example, on the surface there is nothing much in the response of informant no.7: "Mo pas capave dormi dans la nuit. Mo peur en cas li mort". [I can't sleep during the night. I'm frightened in case she dies]. Her statements appear vague, unspecific, and even meaningless to one unfamiliar with the dialect of the ordinary Mauritians. But if construed from an insight into the Mauritian culture and familiarity with the style of presentation of social problems, this informant is crying for help and this is not necessarily financial. She wants to be reassured whether her child will live, having such a serious problem as a hole in the heart and with what the carer considers scant help from the hospital. This is her first child. It is not a very good omen for the growth of happiness in the marital relationship with a first unhealthy child. When angered or frustrated, the husband is most likely to unreasonably accuse the wife-carer for the child's condition. The in-laws, for similar reason, can also make her life miserable. Consider the statement from respondent no.12 as another example. His emphasis, in his expression of dissatisfaction with welfare provisions, on selfish and unsupportive children means that he needs help from the government, as this is not forthcoming from his children. Respondent no.46, a bright and comparatively affluent carer, in her complaint about not even getting a wheelchair from the government, is saying

more than this. She is looking for advice, counselling, and support to cope with her severely disabled child under adverse criticisms from the family and the stigma of having such a child, her first child. The statements made by many of the informants for their dissatisfaction also provide invaluable insight into the fact that there is a dearth of pertinent welfare facilities.

Evaluation of the Variations in Responses

The above Tables also show that there are some variations in the responses of **'Not Satisfied'** from the welfare recipients in a few Districts. The variations are statistically more significant in certain Districts than in other's. For example, the responses of the informants in the Districts of Pamplemousses, Port Louis, and Rivière du Rempart are 96% dissatisfaction with social services. On the other hand, the responses in the Districts of Grand Port, Savanne, and Flacq have the lowest percentage of dissatisfied recipients with 72%, 76%, and 80% respectively. The two sets of figures are no doubt statistically significant. A simple sociological explanation for this discrepancy is that the informants living in the Districts with the highest percentage of dissatisfaction with welfare provisions are more aware of their right to better quality of services than their counterparts in the Districts with less dissatisfaction. The answer is, however, not so simple. However, one can speculate that the level and range of services at the two sets of Districts differ as a result of the expectations and values of their inhabitants: hence the inconsistencies. The speculation can go still further but without producing a

clear and specific answer. In the context of the Mauritian society, which is pluralistic in terms of its racial and religious groupings, it is often hypothesized that those of Asian origins, especially the Hindus and Muslims, are culturally more self-reliant than the Christians and, therefore, have lower expectations of State relief than the latter. Referring to the Creole community, the 1909 Royal Commission Inquiry scapegoated them for the administrative defects of the welfare administration because (Titmuss and Abel-Smith, 1960: p.69) of the "... generally indolent character of the coloured creoles who are the main recipients of casual relief". This study has, however, disproved this scurrilous remark on the Creole community. The ordinary Mauritians, culturally assimilated in more or less similar melting pot value system, have all, irrespective of ethnic or religious groups, been making demands on the welfare system as well as being critical of it. This has been demonstrated at several places in this study. Therefore, it is suffice, to support this statement, to quote only one case from each of the major Mauritian communities:

Respondent no. 4 is a partially sighted and disabled Hindu. He is at the end of his tether, waiting for his legally entitled lump-sum from his ex-employers and the Social Security Department to process his disability pension. Angry and frustrated at getting no support to resolve his difficulties, he says: "La vie un la vie li chien pou dimoune pauve [It's

a dog's life for the poor]". He is not only expressing a certain degree of reliance on helping agencies, but he is also being critical of them.

Respondent no.19 is a Creole and a Catholic. He is a wheelchair-bound amputee. He complains: Missieur, mo couma un prisioniè dans sa calesse la. Resse en place meme. Personne pas ena pitiè". [Sir, I'm like a prisoner in this wheelchair. I can't move. Nobody has compassion for me]. He is not only crying for help, but he is also complaining against the Welfare Department for lack of consideration.

Respondent no. 26 is a Tamil mother-carer for a severely disabled 28 years old daughter. She complains: "A cause li meme le zotte zenfants pas gagne bon mariage [Because of her the other children don't get suitable marriages]". In this she is complaining that there is no residential facility for her daughter, which, she believes, will resolve the problem of stigma.

Respondent no.126, a Telugu, speaking for his severely disabled 28 years old son, says: "Nous peur pou qitte li tout seule. Li capave tombè. Si ou mizere lor la terre, ou toujours passe mizere". [We're afraid to leave him

unsupervised. He might fall. If you're poor on earth, you'll always suffer]. He is crying in the wilderness for support from the Welfare Department.

Respondent no.131, a Marathi, speaking on behalf of his 13 years old mentally ill son, says: "Nous ena boucoup traca. Nous pas connait cotte pou tournè". [We've a lot of worries. We don't know where to turn for help]. He is crying for advice and support.

Respondent no.175 is a Muslim, who is caring for two sons, one of whom suffers from terminal cancer and the other from mental disabilities. She complains: "Jour en jour la vie la pe vinne pli difficile. Ena de fois mo dire qui faire Allah pas prend zotte". [Life is becoming increasingly difficult. Sometimes I say to myself why Allah does not take them away]. This is another informant who is crying for help.

Therefore, the variations in responses can be attributed to one important factor: the respondents living in Districts with 'low dissatisfaction' have better services than those living in the Districts with 'high dissatisfaction'. This suggests that the former are supported by social services personnel, who are more humanistic in their attitudes and also better trained than their counterparts in the Districts

with 'high dissatisfaction' and low take-up of welfare provisions. The effectiveness of pressure groups, the influence of community leaders, and representatives, i.e. Councillors and MPs, committed to providing good public services to their constituents, could have also had an impact on the responses of the recipients of social services. However, one must keep an open mind in view of the fact that effective representatives can raise the level of satisfaction of services as well as disenchantment. For example, expectations raised of services by pressure groups or public-spirited individuals can generate high level of dissatisfaction with welfare provisions.

The following Table describes the average responses of the total sample population of 225 respondents of this study:

Table 23

An Average Responses of Service Users

Responses	No.	%
Not Satisfied	194	86
Satisfied	21	9
Very Satisfied	2	0.9
Not Sure	8	4
	—	—
Total	225	100
	—	—

Summary of Answers for Dissatisfaction

As shown by Table 23, an average of 86% of the respondents are **'Not Satisfied'** with social services, 9% are **'Satisfied'**, 0.9% are **'Very Satisfied'**, and 4% are **'Not Sure'**. The level of dissatisfaction is relatively high. The respondents have given a number of reasons for their dissatisfaction with current social welfare. However, the typical responses to **'Not Satisfied'** are as follows:

Respondent no. 176, wife-carer, watching her sick ex-fisherman's husband lying in a state of semi-consciousness in bed, articulates her dissatisfaction thus: "Perna consolation. Personne pas interessè. Le temp li ti bien, la cage ti plein avec visiteurs. Astere la tout finne allè. Un pe pareille couma le temp Jeji ti cricifiè. Plisse qui sa pension la, pas gagne aucun aide. Dimoune mizere pas gagne consolation". [There is no hope. Nobody cares. When he was well, the house was full of visitors. Now that he is not well they've stopped coming. The situation is like when Jesus was on his way to be crucified. There is no help apart from the pension. There is no consideration for the poor].

Respondent no.183 is bed-bound, following a 20 foot fall while sleepwalking. Extremely depressed, he articulates his dissatisfaction thus: "Perna aucun traitement. Docteurs bien delica. Zotte pas trappe ou. Zotte guette ou depi loin couma dire zotte

pe guette un pacquè kaka. Mo espere 4 ans pou gagne un callesse. Ah Bon Dieu, qui faire ou pas prend moi". [There is no medical treatment (talking about his hospital experience). Doctors hesitate to touch you. They glance at you from a distance as if you are a pile of faeces. I had to wait for 4 years to get my wheelchair. Oh God, why don't you take me away?]

Respondent no.185, a widow, mother-carer of a severely disabled 15 years old boy, is dissatisfied with the allocated welfare provisions: "Couma mo pou satisfait, missieur? Mo pas gagne aucun aide. Jisse sa ti pension la. Mo pas ena bonhomme pou aide moi. Zotte ti bizin rente dans mo la peine. Zotte pas interessè avec dimoune couma nous". [How can I feel satisfied, sir? I don't receive any government help. I receive only this meagre pension. I've no husband to help me. The government should have taken an interest in my trouble. But they don't care about poor people like us].

Service-Users' Positive Responses

There have also been some positive responses to welfare provisions, as illustrated from Tables 14 to Table 23. Some responses are, however, more significant statistically than others'. The informants in the Districts of Flacq and Savanne have expressed a '**Satisfied**' score of as substantial as 20 per cent, followed by respondents in the Districts of Grand Port, 12%, Black River, Moka, and Plaines Wilhems, 8%

respectively. There have also been some **'Nil'** score: for instance, in the Districts of Pamplemousses, Port Louis, and Rivière du Rempart. With such a small island, where the people have been so absorbed in what V.S. Naipaul called colonial 'manufactured culture', or Harrison (1988: p.52) described as "... fixation with the West...", that is, the collective goal is to become as Westernized as possible, it is difficult to explain these variations about satisfaction with services or otherwise, although an attempt has been made above to do so. Over the years there has been a strong degree of cultural integration and cohesion in terms of their aspirations among the Mauritian islanders. Nowhere has the 'melting pot' theory been so successfully validated as in Mauritius. Therefore, an analytical perspective from the cultural point of view is unlikely to bring greater clarification than has already been done to the issue of **'Satisfaction'** or **'Dissatisfaction'** with welfare provisions. However, until a study is conducted within a cultural frame of reference, one can only speculate and attribute to the responses a combination of factors such as a strong belief in self-reliance, low expectation of State relief, a preference to self-reliance, finding welfare provisions stigmatizing, favourable assessment for support, influential contacts resulting in favourable responses in terms of social services, and so on and on.

Reasons for Satisfaction

To be more specific, the following is a few typical reasons for feeling **'Satisfied'** with social services (see Appendix B for further information):

Respondent 210 says: "Oui, mo satisfait. Grand merçi Bon Dieu pe gagne un aide. Bizin satisfait. Long temp cotte ti ena tout sa la. Grand merçi Bon Dieu". [Yes, I'm satisfied. Thanks God that there is some help. I must feel satisfied. In the past there was nothing like this. Thanks God for the help].

Although respondent no.215, a disabled man, refers hospital treatment only fits for dogs, none the less, he is satisfied with the government support: "Mais lontemp dimoune couma nous pas ti gagne nenrien. Bizin dire grand merçi Bon Dieu. Bizin leve la main 7 fois au ciel". [But in the past people like us did not get any help. We ought to thank God for this. We ought to raise our hands towards heavens in praise of God seven times for the support].

Respondent no.217, a blind woman, is critical of hospital treatment and the Welfare Department for inadequate support. However, she is satisfied because: "Qui pou faire? Mo pechè mo meme bizin chariè. Bizin satisfait avec cequi Bon Dieu donnè". [What can I do? I've to suffer for my sins. I must feel satisfied with whatever help God is giving us].

Very Satisfied

Only an average of (see Table 23) 0.9% of the respondents are **'Very Satisfied'** with welfare provisions: that is, only two out of the sample population of 225. Statistically, they are insignificant. However, it may be helpful to look at them briefly.

Respondent no.55 is a light-skinned Creole. He is in his late 60s. He is a Catholic. He holds a Senior Cambridge Certificate, which suggests, in view of his age, he came from a comparatively comfortable and cultured family. He belongs to a community, which is neither comfortable with the mainstream Mauritian Creoles nor with the Franco-Mauritians. The latter tend to retain a life-style characteristically similar to the South African apartheid and, therefore, has no room for people like him. His additional problem is that many of those belonging to his ethnic group and category emigrated to France and Australia prior to independence and subsequently. He is isolated, particularly because he has internalized a belief that he is superior, as a result of his light skin and education, to the ordinary Creoles. He is the sole carer of his wife, who is terminally ill with a brain tumour. She looks very tiny, curled up in the bed. Although he initially complains that the Rs.800 pension for his disabled wife is not enough and lack of other welfare support, he says he is **'Very Satisfied'** for the following reasons:

"Mo la croix mo meme bizin chariè. Grand Merçi

Bon Dieu pe gagne sa ti pension la. Mo pas ena

nenrien pou dire. Mo bien satisfait. Jesus ti chariè so la croix pou nous pechè. Nous bizin prend l'exemple lor Jesus Chris. Nous si nous bizin chariè nous la croix sans plainyè".

[I myself have to carry my cross. Thanks God that we're getting a small pension. I've nothing to complain about. Jesus carried his cross to absolve us of our sins. We ought to follow the example of Jesus Christ, who carried his cross with fortitude].

Seeking comfort in religious beliefs appears to be fairly wide-spread among the respondents. Finding no way out of their difficulties, turning toward religions appear to have become the best reaction to the frustration of the almost non-existent means of relevant support and encouragement in time of need. The feeling appears to be guided by the hope that there will be greater comfort after death rather than by expectation of anything more comfortable in this world. This is a pessimistic and defeatist stance, which, however, seems to dominate the lives of many of the informants.

Another similarly influenced informant is interviewee no.114, a widow, the mother-carer of a severely disabled 10 year old girl. She is a Telugu, who has joined one of the Christian sects which is fiercely competing for membership by exploiting the ignorance of some members of the ethnic groups about their religious tradition. She says she is **'Very Satisfied'**, motivated by her unshakable faith in God acquired through her new religious belief. With rarely seen

self-confidence and great hope of reaching paradise after death, she gives the following reasons for being 'Very Satisfied' with social welfare received:

"Pou moi li [the disabled girl] pas un traca. Mo finne mette li dans la main Bon Dieu. Li meme pli grand. Perna personne pli grand qui li. Li pe guette tout cequi mo pe faire pou sa piti la. Mo ena tout confiance dans Bon Dieu. Pou tout cequi moi avec sa piti la pe passè, nous bizin gagne nous recompense. Li bizin ouvert nous chemin pou alle dans paradi". [For me she is not a problem. I've already entrusted her to God. There is no one greater than God, who is watching all the care I'm giving to this girl. I've great faith in God. For all the trouble I'm going through together with this girl, we shall be rewarded. He is bound to open the gate to paradise for us].

The 'Not Sure' Responses

An average of four per cent of the informants, that is, 8 out of the sample population of 225, have found it difficult to respond decisively and unequivocally to the question **'Are you satisfied with the welfare provisions received?'**. They have given the uncommitted and neutral response of **'Not Sure'**, notwithstanding their strong dissatisfaction with their allocated social service provisions. The body languages or non-verbal communication, which is important tool in the area of analysis and interpretation (Secord and Backman, 1974: pp.286-289), of a few of them suggest fear of

repercussions in respect of questions which appear critical of the authority. For example, respondent no.63, a comparatively affluent man, although he complains bitterly of inadequate support for his mentally ill mother from the Welfare Department, he seems to be playing safe by being 'Not Sure' whether he is happy with current support or not. Informant no.70 also expresses himself neutrally in his response. Respondent 85, who is watching his 91 years old mother dying for lack of money to buy medication, is also 'Not Sure', but adds: "Dimoune pauve couma nous cotte capave la guerre avec gouvernement [Poor people like us cannot make demands of welfare provisions on the government]". In my view, this supplementary to the question has hit the nail on the head. Having observed the ruthless methods of government over the years as a power invariably irresponsive to the complaints of the ordinary Mauritian islanders, they might have felt it illogical to give any other answer than 'Not Sure'. Having experienced no social changes in their favour for many years, they could have seen no point of expressing their true feelings. "Pas casse la tête", translated literally mean "do not break your head", when facing frustrating or difficult circumstances, appear to have become the buzz words for many marginalized and indifferent citizens of Mauritius. They could be falling into this category of those who believe that what will be will be and, therefore, what is the point of expressing concerns.

A Catalogue of Abuse

Another important issue has become obvious in the responses.

The absence of adequate and relevant social services has given rise to several cases of one or another form of abuse, some of which are being deliberately or unconsciously perpetrated. The term abuse has been broadly interpreted that no human being should be exposed to any form of suffering, as viewed by the man in the street. The following cases will demonstrate that many of the recipients are being abused:

Informant no.4 has been forced into early retirement as a result of blindness and deteriorating health. He is currently facing difficulties to get his benefits to which he is entitled under the law. He feels that the authority is taking advantage of him and, as a result, he is experiencing difficulties.

Informant no.26 is using her 28 years old severely handicapped daughter as a scapegoat for the failure of her other children getting suitable marriage proposals. Feeling stigmatized by her presence, the carer is keeping her at home reluctantly.

Informant no.28 is reluctantly looking after her severely disabled 38 years old son. He feels that there is nothing else he can do, in spite of the torment of stigma and the burden of having to care for him in his advanced age and poor health.

Informant no.34 feels she has no choice but to leave the 15 years old severely disabled girl in the dark and unhealthy thatched hut in faeces and urine soaked bed for long period because she has to keep her job. She also confesses that she hides the girl inside because of the stigma attached to having such a disabled daughter.

Informant no.37 ties her 10 years old severely disabled son in a cot too small for his size in order to control him. She is also hoping that he will die soon, thereby enabling her to go to work.

Informant no.58 has been transferred from his large concrete house to a shed in a remote corner at the back of the house, following a stroke. He cries helplessly and wishes to go into a Home. The excuse for abandoning him there is because of the latrine facilities next to the shed.

Informant no. 62, an affluent man, has abandoned his father in a shed, where tropical flies are crawling on him. He is hoping that he will die soon: "Ta lere zotte pou mort meme".

Informant no. 64 has to leave the severely handicapped 19 years old girl strapped to the

bed in her own faeces and urine for long period.
She says she has no choice and cannot find a Home.

Informant no.70 has been relying on herbal medicine and practitioners of witchcraft, vows, and prayers, having lost faith in hospital treatment, for her severely disabled 7 years old son.

Informant no.71 is keeping 91 years old gravely ill mother at home, although he cannot buy the medications prescribed by a private doctor. He will not take her to hospital, having lost faith in hospital treatment.

Informant no. 75, an amputee, cannot use his crutches because they are too heavy. He also complains that he is being regularly beaten by his children.

Informant no.82 feels that the girls at home cannot find marriages because of the mentally disabled brother. He is being reluctantly kept at home because there is no alternative.

Informant no.91 feels she cannot look after her 25 years old severely disabled son. She wants the government to take him away: "Gouvernement bizin prend li". However, no help is coming from that quarter.

Informant 92 has ceased all medications for her severely disabled 15 years daughter on the advice of a nurse friend in England.

Informant no.103 locks 30 years severely disabled son in a shed naked and with hardly any food for long hours because she has to work. He sits next to his faeces and urine, waiting for some food and water.

Informant no.115 locks her mentally handicapped son almost naked outside for long hours. She cannot find a Home for him. She is keeping him at home because she believes she has to suffer for her sins in previous incarnations: "Dans live Indien finne dire cequi dimal ou finne faire bizin paiyè".

Informant no.131 has stopped mental hospital treatment for his 13 years old mentally handicapped son because he sees it as a waste of time, apart from losing a day's earning when he takes him there.

Informant no.154 cannot look after her 8 years old severely disabled son, but has no choice because she cannot find a Home for him.

Informant no.163 is reluctantly looking

after his severely disabled mother because no helping agencies want her.

Informant no.191, a sick, lonely man, living in a shed, feels hurt and hopeless for lack of support. He looks terminally ill.

Informant no.202 finds the 27 years old severely disabled daughter an embarrassment: "So presence li one-self pour la famille". But she cannot find a Home for her.

Informant no.206 finds his 19 years old severely disabled son an obstacle to carrying on his business.

Informant no.218 gives her mentally ill grand-daughter, aged 24-29, extra medications, as advised by neighbours, to keep her in bed until she returns from work.

Analyses and Findings

A glance at Appendix B, although they contain only a small part of the responses of the respondents, will demonstrate that the statements outlined above are only some of the forms of abuse deliberately or unconsciously inflicted on some of the welfare recipients. The argument proposed here is that a disabled person is also a human being and, therefore, his or her disabilities do not cancel the right to be treated with respect and dignity. The assumption is

based under Article 1 of the Universal Declaration of Human Rights of 1948, which "... affirms that all human beings are born equal 'in dignity and rights' (Vallat, ed., 1970: p.xii)". Therefore, no one, whether carer or another person, has rights over others beyond the duty of caring for the person under one's responsibility. For example, in the case of respondent no. 26, the mother-carer has no inherent right to inflict, consciously or otherwise, mental torment on the 28 years old disabled girl because of the stigma and the failure of other children to find suitable marriages. Parenthood constitutes responsibilities and duties but not the ownership of the child involved. The same principles are also applicable to anyone with caring responsibilities. In such cases, the findings suggest intervention by the government, which has an overall responsibility for the welfare of its people. Informant no.62 has no right to abandon his disabled father, for whom he has accepted responsibility, to his own devices, with the hope that he will die soon. Respondent no.71 has no right to watch his 91 years old mother dying at home because of his distrust of treatment in the hospital. Respondent no.218 has no right to administer extra medication to her mentally disabled granddaughter so that she can go out to earn money. Few of the welfare recipients have been able to express the view articulated here because of their age or disabilities. This must be admitted. But a few of those in this category have expressed a view, a tragic one, on their situation, although it may appear vague for those unfamiliar with the Mauritian style of expressing a concern. This view may be reflective of those who are not in a position to do so. For example,

respondent no.58, aged 60-65, paralysed for the past five years, who has been transferred to a tin shack, is perhaps speaking for many others in similar circumstances: "Mo ti un dimoune bien independant. Plito mort meme". [I was a very self-sufficient and independent person. I prefer to die rather than to lead such a miserable life]. Crying helplessly, he asks me to find him a place in a Home: "Missieur, rode un couvent pou moi". Another example is respondent no.78, another articulate and disillusioned man, aged 54-59, paralysed to the waist and bed-ridden, who, distressed at the treatment received from his family, says: "Zotte pensè mo la tête pas bon. Mo finne paralisé seulement. Mais mo connait qui mo pe causè moi". [They think I'm mad. I'm only paralysed. But I am aware of what I'm talking about]. It is a pity that there is a general tendency to treat disabled people as stupid people only on grounds of their disabilities. This is a serious issue which has to be addressed without further delay, as no one is immune from contracting a disability at any time..

Useful Materials for Service Development

Evaluating the respondents' responses objectively, imaginatively, and with empathy, the perceptive policy-makers and the service-developers will find sufficient information to develop and plan social service resources relevant to the real needs of the service-users. For example, the young mother, respondent no.12, is worried about her child with a hole in her heart and feels that the hospital is not doing enough to help. In this case there should be enough information to make a realistic assessment

as how to help her. Although this study has nothing to do with service-development, it does not appear out of place to suggest that part of the relief for this young carer may be setting up facilities, ensuring her that her child's health is receiving proper and adequate treatment. An arrangement, where the doctor and other medical staff concerned and the carer meet to discuss the issue frankly and openly, might be one solution. Applying similar social work processes with some modifications, it is possible to meet the needs of the other informants. For example, in the case of respondent no.104, who is worried at work because she has to leave her disfigured and blind mother unsupervised while she is away. This clearly suggests that there should be a service set up to cope with this situation, taking the daughter's worry into consideration and also the likelihood of the old lady getting seriously hurt, which, if happened, could result in greater cost to the State. Either an arrangement with a neighbour to keep an eye on her or a Day Centre might minimize the anxiety and could be the solution. Social work knowledge has shown that every social problem has a solution in the hands of well trained and competent social worker committed to serving others.

Summary of Findings

Chapter 7 considers the question '**Are you satisfied with the Allocated welfare provisions?**'. The responses have been assessed from the point of view of the recipients of social services. The responses have shown to be varied in the individual Districts, some of which statistically more significant than others (see Tables 14 to 22). The average

of 86% of the informants are 'Not Satisfied', 9% 'Satisfied', 0.9% 'Very Satisfied', and 4% 'Not Sure' (see Table 23). A combination of reasons are given for being 'Not Satisfied', but the primary ones are inadequate financial support, unsatisfactory health services, insufficient institutional care facilities, and lack of welfare focus on other needs, such as coping with stigma, dealing with bureaucracy, and taking a general interest in the welfare of the informants. The absence of an efficient assessment of a planned and comprehensive welfare package support, the findings have shown, has resulted in horrendous abuses and neglect inflicted consciously or unconsciously on the most vulnerable recipients of social services. Locking out and locking up severely disabled recipients, strapping them to the bed and the cot, hoping for their speedy death, leaving them unsupervised and uncared for for long hours, beating them up, reluctantly looking after them are some of the forms of ill-treatment to which many of them are being exposed and equally many of them are potentially exposed. In one case, the grandmother-carer regularly administers extra medication on the advice of neighbours to her mentally ill orphan grand-daughter so as to keep her sleeping until she returns from work. No caring society, as Mauritius pretends to be, should tolerate such treatment.

Regarding hospital treatment, it has been subjected to numerous scathing criticisms. One of the respondents describes health services as unfit even for treating 'dogs', while another one comments that inability to pay for private medicine means perfunctory treatment and, in the long run,

certain death. He is perfectly correct. Recent newspaper reports have shown that three persons have occupied one bed (L'Express, 11.11.1994), doctors have been suspended for negligent services (L'Express, 24.11.1994), and an association has been created for the protection of hospital patients (L'Express, 18.11.1994). Dissatisfied with the public health services, the study has revealed that a growing number of the informants are putting their faith in alternative forms of healing, including making vows, offering prayers, offering live animals, i.e. black goats and cocks, making donations to the poor, doing 'social work', doing penance, and even consulting the practitioners of witchcraft. Some of them, feeling frustrated and disillusioned, are doing nothing, thereby watching themselves dying unconcerned of their conditions, which is another form of committing suicide for which the authority cannot abdicate its responsibilities.

An average of nine per cent of the informants are 'Satisfied' with their welfare provisions. Their reasons are based on the fact that in the past there was no such help as disability pension; on the belief that social services are a God-sent gift; and that one must express gratitude for whatever forms of welfare support that one is receiving. Respondent no.215, a disabled man, articulates his gratitude for his pension thus: "Mais longtemps dimoune couma nous pas ti gagne nenrien. Bizin dire grand merci Bon Dieu. Bizin leve la main 7 fois au ciel". [But in the past people like us did not get any help. We ought to thank God for this. We ought to raise our hands seven times towards heavens in

praise of God for the support].

The 0.9 'Very Satisfied' respondents believe that bearing with fortitude whatever difficulties purifies the soul and even opens the gate to paradise as a reward. Their responses are motivated purely on strong religious beliefs.

The 'Not Sure' category constitutes 8 informants in the sample population of 225. There are no clear answers from them. It is speculated that fear of repercussions could have influenced the 'Not Sure' responses. On second thoughts, the neutral and uncommitted stance could have come from the experience accumulated over the years of the often untrammelled power of government, which has instilled a negative, defeatist, fatalistic attitude in many Mauritians, as expressed succinctly by informant no.85: "Dimoune pauve couma nous, cotte capave la guerre avec gouvernement [The poor are powerless against the government]". Mauritius is often referred to as a pluralistic society. Looking at the responses from a cultural perspective, the study shows no clear indication whether ethnic or cultural differences has any bearing on them. French and British colonialism from 1715 to 1968, in addition to the Mauritians' continued 'fixation with the West', can be safely attributed to the more or less culturally assimilated unified views expressed by the respondents with regard to this study. The small minority informants who have either remained neutral or have expressed satisfaction with social welfare, do not reflect the true picture of the situation. In a democratic society, the majority view that counts. The majority view has

expressed dissatisfaction with current welfare provisions. To summarise, Chapter 7 has demonstrated that the philosophy of social welfare, the social policy programme, and the administrative welfare apparatus are called for renewal and rethought, if the welfare dilemmas are to be effectively dealt with.

CHAPTER 8

RECIPIENTS' EXPECTATIONS OF WELFARE PROVISIONS

This study, as already indicated, is not only concerned with the presenting problems of the recipients of social services and the range of welfare provisions being allocated to them, but also whether the services provided meet their needs as personally experienced and felt by them. Their responses have shown mounting difficult and complex problems hitherto never revealed. It must be pointed out that the Titmuss Report (1960) indicated that the suffering among the ordinary Mauritians for lack of adequate welfare services was considerable, but the objectives of that survey were for a different purpose. This up-to-date study, on the other hand, is specifically aimed at finding out the current needs of the informants in the context of a society fractured by too rapid social changes guided by a narrow vision of seeking immediate satisfaction. There is evidence of extensive unmet needs. Given that the needs of the respondents are not being met, as the survey has unequivocally demonstrated, the focus is now on what they themselves expect from the government. To conceptualize the notion of a comprehensive welfare system from the point of view of the recipients, to achieve a synthesis in the debates, one has to go further and ask this inevitable and logical fourth question: **'What are your expectations of social services from the government?'** There seems to be a strong belief that only the government is capable of supporting those in need of help, with the sources of informal support in the families and the communities gradually disintegrating. The extension of the

power and role of the State through the welfare system since the 70s has reinforced this belief or, to put it more appropriately, the people's sense of dependence and expectations of government support has rocketed sky-high. As the main question concerning this chapter is too large to handle, it needs to be simplified and broken down into two sub-questions:

- (i) Do you expect the government to provide social welfare in time of need?
- (ii) If the answer is **Yes**, why?

Expectations of Social Services

It appears that the tendency to expect social welfare in time of need is unexpectedly strong among the respondents, as indicated. There is overwhelming evidence of this not only in their responses under Chapter 4, but also under Chapter 7, which focuses on their reactions to existing service provisions. There seems to be a growing correlation between dependency on the State and the erosion of the informal welfare support in the family and in the community, both of which are weakening under the ruthless impact of industrialization and the growing individualistic attitudes (see Chapter 3 for further detail). The following tabulation will clarify this point:

Table 24

Expectations of Social Welfare

District	Yes	No	Don't Know
Black River	25	-	-
Flacq	24	-	1
Grand Port	21	2	2
Moka	24	-	1
Pamplemousses	22	1	2
Plaines Wilhems	21	3	1
Port Louis	22	1	2
Rivière du Rempart	25	-	-
Savanne	21	2	2
	—	—	—
Total	205 (91%)	9 (4%)	11 (5%)
	—	—	—

Analyses and Findings

Table 24 shows that an average of ninety one per cent of the respondents expect the government to provide social welfare in time of need. Statistically, this is in every sense of the word an impressive figure, but, on the other hand, it is also disturbing, particularly from the point of view of the growing culture of dependency. Reliance on others to live does not augur well to anyone, let alone for the people of an independent nation. The responses of 4%, that is, 9 informants, 'No' and 5%, that is, 11 informants, 'Don't Know', are not significant and have been expected. However, they will be analysed and discussed later on. First, the 'Yes' responses require some discussion. This colossal figure is not a surprise, as there

was an indication about it during fieldwork. It is expected, given the long tradition of the politicization of social services in Mauritius and the socialization of the Mauritians, particularly through the political processes, in the welfare system. A glance at the history of Mauritius (see Chapter 3) will show that the Mauritian islanders were familiar with one form or another of social services, comprising outdoor relief, institutional care, and health care, from the French Revolution in 1789 onward. On August 28th 1806, the governorship of Decaen established the first official welfare administration on Ile de France, dedicated to distributing welfare provisions to the poor and the needy (Toussaint, 1965: p.59). Under British colonial rule, Mauritius operated a system of welfare, dating back to as far as the 1830s, inherited from the English Poor Laws (Titmuss and Abel-Smith, 1960: p.18). Added to this was the interest of politicians, educated and trained in Britain, who used improved and extended social welfare as the basis upon which they structure and write their political manifestos. Thus Dr Curé, the founder of the Mauritius Labour Party in 1936, set up the first welfare organization, Société de Bienfaisance des Travailleurs, specifically to helping the Mauritian proletariat. The late Dr S. Ramgoolam, the Father of the Mauritian Nation and the former leader of the Labour Party, said that (Mulloo, 1982: pp.185-186) he "... was long committed to improving social conditions of the populations...". It was the Ramgoolam's Administration that fiercely promoted the Titmuss advisory survey, which has now become the principal framework for

the island's welfare structure. In the 1982 election, the Labour Party and its allies, threatened with extinction from the rising tides of popularity of the young political party with a Marxist and class struggle ideology, which fired the imaginations of the politically naive youths, the MMM, made great play of "... welfare state - the only one of its kinds in any African country ... (Mannick, 1989: pp.58-59)". In his 1991-92 Budget Speech, the current Prime Minister reaffirmed the "... government commitment to maintain free and comprehensive [social] services in the country". The object of this elaboration is to demonstrate that the Mauritians are not only familiar with the role and functions of social services, but they have also been socialized, particularly from the politics of Mauritius, to expect welfare provisions in time of need. The promise of welfare provisions can have a decisive impact on elections on the island. To attract political support, a few days before the 1982 general election, the Labour Party promised free secondary education, which has remained so since, although it back-fired. The people were eager for a change of political tradition, having been promised a more generous package of welfare provisions by the other competing political parties.

As can be seen, there is a tradition of social welfare in Mauritius, inherited from colonialism and, subsequently, reinforced by politicians educated and socialized within the structure of the colonial or neocolonial system. To go a little deeper into the discussion, one should ask oneself this question: If the answer is 'Yes' for expectation of

social services, as the responses in Table 24 have proved to be overwhelmingly in the affirmative, the next logical question is 'why?'. The following statements from the informants themselves should provide a definitive answer:

Table 25

**Reasons for Respondents' Expectations
of Social Welfare**

Respondent No.	Reasons
5	"Nous qui paiye zotte. Bizin ena la justice". [It is we who finance the government. It is only fair we get help when we need it].
15	"A coze nous mizere nous bizin aide gouvernement [Because we are poor we need government's help].
25	"Gouvernement ena un responsabilitè pou dimoune couma nous. [The government has a duty to help people like us]".
35	"Zotte bizin aide dimoune couma nous. [The government has a duty to help people like us]".
45	"Bizin aide gouvernement. [I need

help from the government]".

- 60 "Zotte meme bizin aide nous. Ou pas pensè zotte travaille sa? Le temp election zotte dire ou zotte pou aidè". [They've a duty to provide support. Don't you think so? At election time they promise welfare support].
- 75 "Le temp mo ti travaille, mo ti paiye tax. Astere mo pas capave travaille. Gouvernement bizin aide moi". [When I was working, I paid tax. Now that I can't work the government has a duty to help me].
- 90 "Zotte responsabilitè pou aide dimoune pauve. [It's their duty to help the poor]".
- 115 "Le temp election zotte dire zotte pou aidè si zotte gagnè. Zotte bizin garde zotte parole". [During election they say they will help if they win. They must keep their promise].
- 125 "Zotte bizin aide dimoune pauve. Mo pensè zotte travaille sa. Qui

ou pensè ou?" [The government must help the poor. It's their job. What's your view?]

- 135 "Zotte meme qui ena capacitè pou aide nous. Parce qui nous bizin vive couma tout dimoune". [They themselves have the power to help us. We also have needs like others].
- 150 "Gouvernement bizin aide banne pauve". [The government has a duty to help the poor].
- 160 "Zotte meme qui capave aide dimoune couma nous. Tout dans zotte la main". [It's only the government who can help. They've the means].
- 175 "Si gouvernement pas aide nous, qui sanla pou aide nous? Banne dimoune malade avec banne dimoune pauve zotte pas capave guette zotte meme". [If the government does not help, who will? The sick and the poor can't support themselves].
- 185 "Zotte meme qui capave aide

dimoune pauve. [It's the government who can help the poor]".

195 "Gouvernement bizin prend part dans nous la peine. [The government must take an interest in our trouble]".

205 "Qui sanla pou faire demarche? Gouvernement la meme bizin donne ce qui capave donnè." [Who will help? The government must give whatever help it can].

215 "Gouvernement so devoir pou donne mangè. Le temp election zotte dire zotte travaille sa". [It's the government duty to ensure that we are fed. They've promised this at election time].

225 "Gouvernement bizin ena consideration pou nous. Gouvernement couma un mama papa pou nous". [The government must be compassionate. They are like our mother and father].

Analyses and Findings

Table 25 consists of nineteen excerpts, that is, about 8.4% of the total sample population of 225, quoted from them. It is believed that the comments, made by the 19 informants about their expectations of State welfare provisions in time of crisis, are reflective of the views and opinions of the overwhelming majority of the respondents in this study. The general moods in the country appear not only to expect maximum welfare support from the government, but also to grab as much as possible from it. There is little or no realization that social welfare is maintained by the taxpayers' contribution. Returning to Table 25, one can deduce two main arguments from it: first, the government is under constitutional obligations to provide assistance because they have been elected by the people with a mandate to protect their interests, which include their general welfare, and second, the people believe that the government has a duty to help particularly those who find it difficult to help themselves in time of crisis. Therefore, one can argue that in the respondents' view, government has two sets of duties: a constitutional duty and a moral duty.

Constitutional Duty to Provide Assistance

The expectation of welfare provisions from a constitutionally and democratically elected government, as the government of Mauritius is, is put strongly by the statements of some informants (see Appendix B for further detail). For example, respondent no.5 argues that it is the people who have not only chosen the members of the

government, but are also financing them through the tax system to run a good and fair government: "Nous qui paye zotte. Bizin ena la justice". Informant no.25 is also making a similar statement, although using different words: "Gouvernement ena responsabilité pou dimoune couma nous [The Government has a certain duty towards people like us]". Informant no.60 elaborates a little more on the government's legal obligation to provide assistance: "Zotte meme bizin aide nous. Ou pas pensè zotte travaille sa? Le temp election zotte dire ou zotte pou aidè". He is not only saying that there is a legal and, therefore, a constitutional duty on the government to provide assistance. He is also reminding us of the politicians' commitment to keep their promise if elected: "Le temp election zotte dire ou zotte pou aidè". He does not have any doubt about government's responsibility, despite his question: "Ou pas pensè zotte travaille sa [Don't you think that they have a duty to help?]" Informant no.75 also raises the issue of taxation, which means it imposes constitutional obligations to help in time of need in exchange for the contribution. Respondent no.115 has no doubt that providing assistance is the duty of the government and this commitment made during electoral campaigns must be kept at any cost. This informant is referring to the mandate asked and approved by the electorate. Respondent no.195 is confident that the government has a responsibility towards alleviating difficulties: "Gouvernement bizin prend part dans nous la peine". Respondent no.215 puts it more strongly: "Gouvernement so

devoir pou donne mangè [The government has a duty to feed the disabled]". This informant is making a profound statement here: it is that the government has a duty to ensure that those who cannot help themselves are not abandoned to their own devices and left to starve. The implication is about the fact that no responsive and responsible government can afford to abdicate its caring responsibilities. Politically, the Mauritians are a relatively sensible people. It is so not only because Mauritius has the highest rate of literacy in that region (Mannick, 1979: p.109; Addison and Hazareesingh, 1984: pp. 102-103). But it is also that they are comparatively mature politically, as evidenced by the fact that the island has been continuously and uninterruptedly under parliamentary democratic governments since independence in 1968. This stability seems guaranteed by the democratically minded Mauritians for the future. Furthermore, the Mauritians' enthusiasm for and fascination with democratic politics is well known, having inherited a political knowledge and tradition going back as far as the 1789 French Revolution. In view of the impressive political maturity of the Mauritians, one can safely argue that the informants' statements regarding the government's constitutional duty have been made with strong belief and self-confidence. They are, no doubt, based on some solid political foundation and strong political consciousness.

Moral Duty to Provide Assistance

A substantial number of informants have also made statements strongly believing that the government has a

moral duty to provide welfare assistance to those Mauritians encountering difficulties through disabilities and other misfortunes. Informant no. 15, responding to the question whether there is any expectation from the government with regard to social services, expects government support on grounds of poverty: "A coze nous mizere nous bizin aide gouvernement". Informant no.90 also supports the view that the government has a moral duty to help the poor: "Zotte responsabilitè pou aide dimoune pauve". On moral grounds again, respondent no.115 puts the onus on the government to implement their commitment made prior to election. The belief is that it was made in good faith: "Zotte bizin garde zotte parole [They must keep their promise]". Informant no.125 believes that helping the poor is the moral duty of any government: "Zotte bizin aide dimoune pauve. Mo pensè zotte travaille sa. Qui ou pensè ou?". The question "Qui ou pensè ou [What do you think yourself?]" does in no way create doubts in the respondent's mind about the moral duty of the government to provide social services in time of need. It is thus put with a view to seeking reaffirmation of the responsibility of a moral government. It is also a linguistic style to stress a point. Respondent no.135 suggests still further reliance on the government's moral responsibilities to provide assistance: "Zotte meme qui ena capacite pou aide nous. Parce qui nous bizin vive couma tous dimoune". In her expectation of support, she is saying that there is nobody else she can rely on, except the government. She is adding, in spite of her disabilities and inability to cope without support, that she, like

other people, disabled or able-bodied, also has needs which have to be met. Informant no.225, this blind person in his 70s, stretches the moral responsibility of the government to provide welfare assistance in time of crisis still further: "Gouvernement bizin ena consideration pou nous. Gouvernement couma un mama papa pou nous". [The government must show compassion towards us. They are like our mother and father]. Unless the vision of what the role of social services should really be, to strengthen the people's sense of self-reliance and to encourage them to maximize their potentials, there will be a growing culture of dependency on the State, which, if it happened, would be catastrophic for Mauritius.

From both points of view, constitutional and moral, the majority of the respondents have high expectation of social services from the government in time of need. There is no doubt about this. Therefore, the implications, social, political, economic, and cultural are considerable, which will be discussed in some depth in Chapter 9 under the heading of Summary of Findings, Social Policy Implications, and Conclusions.

The 'No' Expectation of Welfare Provisions

There are also some respondents who believe that the government has neither constitutional responsibilities nor moral obligations to provide welfare assistance to its citizens. They believe in self-reliance. However, they are in the minority and, as a consequence, they are statistically insignificant, with only four per cent,

that is, 9 respondents, in a sample population of 225. For example, informant no.55, a relatively well educated Catholic man, who is looking after his terminally ill and bed-ridden wife, sees the responsibility of caring for oneself, in however difficult situation, rests with no one, but on oneself and the family. He believes that this is not the functions of government. He puts it thus: "Sa responsabilitè famille sa. Pas gouvernement". Respondent no. 114, a mother-carer of a severely disabled child, regards the caring responsibilities are exclusively hers: "Mo zenfant mo responsabilitè. Pas responsabilitè gouvernement sa". [Taking care of my child is my responsibility. It is not the government's]. An elderly Muslim woman, respondent no.137, believes that the welfare recipients have no right to claim welfare support, but, if provided, must express gratitude for it. The logic for her argument is as follows: "Ce qui nous gagnè nous bizin dire grand merçi Allah. Ta lere nous pou mort meme". [Whatever benefit we receive from the government must be reciprocated with gratitude to Allah. After all, we shall soon die]. Respondent no.140 puts forward a different argument for his non-expectation of welfare support from the government: "Dimoune pauve pas capave fiè lor sa gouvernement la. Li bizin debrouille par li meme". [The poor cannot rely on this government for support. They should learn to rely on their own resources]. In other words, he is saying that he cannot trust this government for compassion and support. His 'No' answer seems to be based on distrust, a distrust derived from past frustrating experiences with his dealing with government

departments. This view appears to be shared by many of the respondents and others in the community. The female respondent no.158, a Catholic and educated up to 6th standard, who is caring for her severely disabled sister, has taken a high moral ground. She puts her 'No' response bluntly and forcefully as follows: "Nous la santé nous famille nous responsabilité sa. Si ou ena un zenfant, ou capave dire moi qui sanla bizin soigne li?" [It is our responsibility to protect the welfare of our family. Can you tell me if you have a child, who would you expect to take care of her?]

Although many of those who have said that they do not expect welfare support from the government, yet they have complained of inadequate social service provisions. They seem to be either unsure of a response or having conflicting values. For example, respondent no.55, who has no expectation of assistance from the government, complains: "I myself give her her bath. I feed her. I myself look after her. I don't get any help". Another similar case is respondent no.114, a widow, who is looking after her severely disabled 10 years old daughter. Her reasons for not expecting welfare provisions from the government are put thus: "Pou moi li pas un traca. Mo mette li dans la main Bon Dieu. Li meme pli grand". [For me she (the disabled girl) is not a problem. I've entrusted her to God, who is omnipotent]. None the less, she complains that the allowance paid to her daughter is far from inadequate.

The views put forward by those expecting 'NO' welfare

support from the government appear to be naive and are based on the insensitiveness to the radical transformation of the country from every social aspect in recent years. Self-isolation could be a factor for the ignorance of the massive social changes. Unable to adapt with the new situations, they have perhaps tried to retreat from the mainstream of society. It is naive to believe in these days and age that one can cope without government support, however nominal it is, especially in the case of the destitute and the poor disabled. Those falling within this category are clearly not totally self-sufficient financially, not to speak about the other numerous disadvantages in society.

The 'Don't Know' Responses

Five per cent of the informants, that is, 11 of them, are not sure of an answer and have opted out for **'Don't Know'**. The mother-carer of a wheelchair-bound 19 year old, informant no.42, a Hindu and educated up to 6th standard, believes that she has a view on the question whether she has an expectation of welfare provisions for her son from the government. However, she has decided to go for a 'Don't Know' response. It was surprising to hear that she could not express her view without the 'l'orde', approval, of her husband: "Mo missieur pas la. Mo pas capave prend tout decision". [My husband is at work. I can't give an opinion without his consent]. With the feminist movement being so politicized and, as a result of unpragmatic leadership, is causing so much damage to the already fragile family system, she was expected to be more positive. Respondent no.59, a Muslim woman, who is

illiterate, simply says: "Mo pas conne zaffaire gouvernement moi [I don't understand the functions of government]". Although she says 'Don't Know', she adds: "Mais mo pensè zotte meme bizin aide dimoune mizere. Qui sanla pou aidè, si zotte pas aide nous? Jordi jour pas capave depanne lor famille". [But I believe the government must help the poor. Who will, if they don't? Nowadays one can't rely on the family for support in time of need]. Carer no.64, an old woman, who is caring for a 19 year old girl with severe mental problems, says 'Don't Know': "Mo pas connait, Beta [I don't know, son]". But adds: "Ti pou bien bon si zotte ti aide dimoune malhereux couma nous [But it will be a good thing if the government helps the poor like us]". Informant no.85, who is looking after his dying 91 years old mother, says 'Don't Know' for these reasons: "Cotte mo pou conne zaffaire gouvernement. Pas finne alle l'ecole". [I don't understand the functions of government because I've never been to school]. However, he continues: "Li mo responsabilitè sa. Mo mama sa. Mo di sans sa. Li finne mette moi lor la terre. Sa un grand dimoune sa". [She is my responsibility. She is my mother, my flesh and blood. She brought me on earth. She is a very important person for me]. Respondent nos. 103 and 104 also give a 'Don't Know' response to whether they have an expectation of social welfare from the government in time of need. However, they feel that they should be grateful to God Almighty for whatever pension they are getting. Many of the responses of the 'Don't Know' category are also paradoxical, with the exception of a few. They don't expect government support, but, simultaneously, would like

to receive welfare support when they need it. Informant no. 64 is a good example. She says she does not understand the functions of government and gives a 'Don't Know' response. But, at the same time, she says: "Ti pou bien bon si zotte ti aide dimoune malhereux couma nous [It will be helpful if the government comes to the rescue of the poor in time of crisis]".

The majority of those under 'No' and 'Don't Know', with the exception of respondent no.55, are either illiterate or semi-literate. It has been observed that many Mauritians, falling within this group, appear to have little or no interest in the roles and functions of government, even from the point of view of social welfare. This is a pity because it is they who are the most vulnerable and, therefore, require maximum welfare support. There is an urgent need to encourage them to develop an awareness in this area for their own good.

Other Influences on the Responses

The impact on the responses have also been examined from the standpoint of cultural, educational, and religious factors. Religion seems to have some impact on the responses of a few informants. For example, respondent no.114, who, in spite of having a severely disabled daughter to take care of, seems to be indifferent to government support on strong religious grounds. Where the question **'What are your expectations of social services from the government?'** is concerned, it does not, however, appear in the overwhelming majority of cases that culture or race,

religion or gender has any significantly decisive impact on the responses of the informants. The colonial 'melting pot' (Krausz, 1971: p.128), through whose cooking and mixing processes the people of different origins have been assimilated, seems to have effectively brought a strong element of integration specifically in their value system. There is also evidence of increasing tolerance in the matter of inter-communal marriages, that is, one member of the community marrying a member from another community. One cannot also ignore the cohesive effect of the process of creolization or assimilation of the Mauritians, which has been going on for many years. Therefore, it is correct to conclude that the informants' responses have not been significantly swayed by other influences, racial, religious, or cultural, in their responses. One will find it difficult to come with any other sociologically plausible explanation.

A Citizen's Charter

Under Section 6 of the interview schedule, emphasis was also placed in the relatively new concept of a Citizen's Charter (HMSO, 1991: p.2), believing that it links well with the recipients' expectations of welfare provisions. Therefore, I was also interested in the responses to this question: **'Would you like to see a Citizen's Charter, whereby your rights to decent and professional social services are protected by law and can be legally enforced?'** This question can only be defined as exploratory, an attempt to put an idea to test. In addition to throw more light on the issue of the dependency theory, it has produced some astonishingly interesting and fascinating responses. They

reaffirm the 86% average rate of dissatisfaction with welfare services and 91% expectations of government support in time of need, as shown by Tables 23 and 24 respectively. There is, in my view, no more effective way of showing evidence of the strong expectations of social services, strengthened by legislation, than letting the informants speak themselves:

Table 26

Entitlement to Welfare Services as of Rights

District	Yes	No	Don't Know
Black River	24	1	-
Flacq	24	-	1
Grand Port	19	1	5
Moka	20	1	4
Pamplemousses	14	6	5
Plaines Wilhems	19	-	6
Port Louis	16	-	9
Rivière du Rempart	23	1	1
Savanne	20	2	2
	—	—	—
Total	179 (80%)	12 (5%)	34 (15%)
	—	—	—

Analyses and Findings

Table 26 raises a number of important points, which appear to give a more indepth insight into the new generation of Mauritians. The figure of 80% of the informants supporting the Citizen's Charter can only be described as surprisingly impressive because this result was not expected. The results

are an uncharacteristic reflexion of the Mauritian compatriots I knew over three decades ago. The Mauritians appear to have fundamentally changed characteristically. This study has clearly shown that they are gradually but surely overcoming the fear of confronting and challenging the authority. With 80% of the respondents supporting social welfare enforced by legislation, one can only see the Mauritians as a radically changed people with changed attitudes. Secondly, it shows, as a result, they are slowly moving away from the old subservient values of reciprocating with gratitude or praising God for whatever welfare provisions supplied by and received from the government. The roles and functions of government in a parliamentary democratic society seem to become clearer, at least from their point of view, in the mind of the overwhelming majority of the informants: that is, the government has to be as responsive to the needs of the electorate as possible. Therefore, one can safely conclude that the new generation of Mauritians, who are better educated and politically more aware, are becoming more assertive and less prepared than their elders or the older generations, in a manner of speaking, to turn the other cheek. Assessing current developments from the data gathered under the question of the Citizen's Charter, it seems that the crumbs of food left on the table of the ruling class are progressively no longer acceptable.

The disparity in the responses from one District to another's cannot be regarded as anything significant here. In view of the new ideas contained in the concept of

the Citizen's Charter, a concept unheard of until the issue was raised in the interviews, the average of 5% of respondents answering in the negative and 15% saying 'Don't Know' are no surprising results. The answers were expected in the context of Mauritius, where the issue of social services as of rights is still an alien notion. What is, however, statistically and sociologically significant is that as substantial a figure as 80 per cent of the informants have responded positively to the idea that social services be a matter of constitutional rights in a relatively close society like Mauritius. This is another indicator of the developing new ethos of a more confident generation of Mauritians. It also indicates that industrialization, in spite of its adverse impact on the families and the communities, can also have a positive effect on the Mauritians, thereby equipping them with self-liberating zeal and determination to be free of traditional responsibilities. In spite of the socio-psychologically adverse impact of alienation resulting from industrialization (Aiken, Ferman, and Shepherd, 1968: p.66), industrialism can also be highly beneficial. Turner (1975: p.72) puts it thus: "Industrial man, then, expects to enjoy a relatively high standard of living in material terms, and also to enjoy high standards of physical health and wellbeing". Evidence shows that the Mauritians are enjoying all of these, despite the relatively high price paid in the gradual loss of the cohesive family and the communal values in exchange for the material and other nature of comforts experienced.

To clarify the responses further, it may be useful to quote a few excerpts from the different categories of the respondents. The reasons for responding 'Yes' are in many respects similar to those made under Table 24 in respect of expectations of social welfare and also as discussed under the sub-headings of the informants' felt belief that the government has constitutional and moral obligations to provide welfare support in time of need. For example, respondent no.5 believes in the right to social services because: "Nous qui paiye zotte [It's we who finance the government]". Here it is clearly implied that the electorate are the masters and members of the government, who are there by virtue of the people's voting power, are the servants. Respondent no.20, on the other hand, is evoking the moral obligations of the government for welfare support: "Gouvernement bizin aide nous. Nous dans so la main". [The government must help us, as we have placed ourselves in their trust]. Respondent no.75 puts welfare support in time of need as a quid pro quo for the tax contributed: "Le temp mo ti travaille, mo ti paiye tax dans sa payi la [When I was able to work, I used to pay tax in this country]". Informant no. 76, however, is one of those who has puts the right to social welfare more aggressively and bluntly thus: "Bizin capave baige zotte coup de pied dans zotte deriere pou zotte faire zotte travaille [There must be a means of kicking the politicians in their backside so as to compel them to discharge their responsibilities]". Like respondent no.155, many of them have stressed more on the moral duty of the government to provide assistance as of rights on the

grounds of inability to provide for oneself: "Zotte travaille meme pou aide dimoune pauve". It has been noticed that the disabled respondents tend to define themselves as poor and needy. Sometimes they may be right in attaching this definition to themselves, as it is often the fact that disabilities are the principal contributor to relative poverty and suffering.

The Negative 'Yes'

What is, however, noteworthy among some of the 'Yes' respondents is that, despite many of their positive responses, they show a defeatist attitude when the issue of legal action to enforce the right to services is raised. For example, respondent no.2 says Yes to services as of rights, but when the issue of enforcing the rights is discussed, the response is: "Cotte nous capave la guerre avec zotte, dimoune pauve couma nous [We poor people can't fight the government for our rights to social services]". The same statement is repeated by informant nos. 13, 15, 20, 29, and 195. However, the conclusion is that in a transitional situation, when a society is on the crossroad of another era, some steps backward during the long march of progress are inevitable and expected. None the less, the general trends show that the Mauritians are definitely moving forward towards insisting on their rights to social welfare.

Readiness to Challenge the Authority

However, the majority of the 'Yes' respondents to welfare support as of rights are even prepared to go as far as

challenging the government where legally entitled services have been denied or services delivered negligently. For example, respondent no.5 puts it tersely that justice must be seen to be done: "Bizin ena la jistice". Informant no.8 gives this reason for the need to enforce welfare provisions: "Nous finne vote li. Li bizin travaille pou nous. Nous bizin capave faire li travaille pou nous. [We've voted them in office. Therefore, they must work for our interests. We must be able to get them to do so]. Respondent no.9 puts it more aggressively: "Nous bizin capave force zotte pou faire zotte fair zotte travaille [We must be able to make them (the government) do their job]". Respondent no.10 says I need support and I must be able secure it: "Mo bizin aide. Bizin capave gagne li". Respondent 27 puts it more clearly: "Oui, ti bizin ena un la loi [Yes, there should be a law aimed at enforcing the rights to social welfare]". Informant no.30 also says that as the disabled always need help, this mother-carer strongly supports a Citizen's Charter thus : "Oui, nous bizin aide. Dimoune handicapès bizin aide toujours". It will be too repetitive and waste of valuable space to go on showing such positive evidence. The responses under Section 6 of the questionnaire show that there is support not only for the concept of Citizen's Charter, but there is also strong support for the rights to legally binding and enforceable social services, if need be, as indicated by Table 26.

The Negative Responses

Both categories of responses, that is, the 'No' and the 'Don't Know' can be discussed together, as both groups have

been responding negatively to the question of welfare support as of rights more or less in similar fashion. The following is an illustration of some of their answers:

Table 27

The 'No' and 'Don't Know' Respondents to Welfare Rights

Respondent No.	Statements
1	Cotte nous capave la guerre avec zotte nous [We can't fight the government].
2	Cotte nous capave la guerre avec zotte dimoune pauve couma nous [Poor people like us can't fight the government].
29	Mais cotte nous capave la guerre ar zotte [We can't fight the government].
31	Zotte pas prend nous conte. Sa pou bien necessaire. Mais sa cotte pou capave ariver ici. [The govern- don't take notice of us. Legal entitlement to social welfare is important. But this will not happen here.]
54	Mais nous dimoune pauve cotte nous capave la guerre avec gouvernement [The poor can't fight the government].

- 57 Nous bizin sa pou trouve la justice.
 Mais sa pas pou ariver sa dans l'Ile
 Mauritius. [We need legal rights to
 social welfare to see justice done.
 But this won't happen in Mauritius].
- 80 Bizin faire zotte aide nous. Mais
 qui sanla pou capave faire sa?
 [We must be able to get the government
 to help us. But who will be able to
 do so?]
- 83 Cotte nous capave la guerre avec
 zotte nous dimoune pauve [The poor
 can't fight the government.]
- 101 Cotte nous capave la guerre avec
 gouvernement [We can't fight the
 government.]
- 106 Ti pou bon meme. Mais cotte zotte
 pou ecoute nous zotte. Nous pas
 capave la guerre avec zotte. [Legal
 entitlement to welfare is a good
 thing. But the government will not
 listen to us. We can't fight it.]

Analysis and Findings

Under the responses of 'No' and 'Don't Know' only ten respondents have been quoted. As the responses are similar in many respects, it will be too repetitive to add further statements to the list. Evaluating these and other statements under these categories, however, one point is distinctively clear that the informants support the idea of welfare rights strengthened by legislation, but appear to be caught in the dilemma of how realistic it is to enforce them. Confronting the officials in a society which has inherited a tradition conferring extra privilege often to the point of above the law on its bureaucrats can be a daunting task to many inarticulate Mauritians of the old subservient tradition. It is, however, refreshing to observe that a growing number of them are prepared to confront the officials and challenge them for their rights to social services if encouraged and supported. As evidence, it is suffice to quote respondent no. 102, the mother-carer of a 19 year old boy, with physical and mental disabilities: "Oui, si nous ti pou gagne facilitè [Yes, we shall enforce our rights, if we can have help to do so]". Currently there is no effective support for benefit claimants to their rights to social welfare.

Culture of Dependency

What is significant in the findings of this study is that the overwhelming majority of the informants expect the government to provide assistance in time of need. Statistically, it is significant that 91% of them expect welfare support against 4% 'No' and 5% 'Don't Know', as

shown in Table 24. There are two conclusions that one can draw from these. First, there appears to be a new Mauritian people, who are increasingly more aware of their rights particularly in terms of social services and are not hesitant to use them. On the other hand, one can also conclude that there is a development of a growing attitude of dependency among the informants on the welfare system, thereby developing what has been called a 'culture of dependency' (Fanon, 1986: p.18; Harrison, 1987: pp.47-50). This has many disadvantages, apart from the continued self-denigration from a cultural and psychological point of view. Regarding reliance on social welfare, it has been argued (King, 1987: p.45) that this attitude, among other problems, can also generate such disincentives as to discourage self-help and initiatives. The implications can be societally catastrophic, with no opportunity to experience the world of work, where discipline is cultivated, values are internalized, and aspirations are developed. The felt legitimacy for welfare provisions, if mismanaged, can generate a cycle of deprivation whereby one generation of deprived recipients of social services transmits the culture of dependency to the successive generations. This scenario could happen in reality in Mauritius, judging from the comments made by many of the respondents in terms of social services, as shown particularly by Tables 23, 24, and 25. The continued politicization of social services for political advantages is aggravating the situation. This is a mistake of the West that developing countries should avoid at all costs. Geoff Dench (1994: p.197) is right in arguing that the relocation

of welfare responsibilities from the families to the dependency of the welfare state can have adverse effects on society already overloaded with welfare responsibilities. For further clarification on the issue of welfare dependency, a few statements extracted from the recipients' responses and quoted below may be helpful:

Table 28

Indicators of Dependency on Social Welfare

Respondent No.	Statements
15	"A coze nous mizere nous bizin aide gouvernement [Because we are poor we need government's help]".
20	"Gouvernement bizin aide nous. Nous dans so la main". [The government has a duty to help us. It is our trustee].
25	"Gouvernement ena un responsabilitè pou dimoune couma nous [Government has a duty to help people like us]".
50	"Gouvernement bizin aide nous. So travaille meme sa". [The government must provide assistance. It's their function to do so].

- 65 "Gouvernement ena un responsabilitè
pou aide nous [The government has
a duty to provide assistance]".
- 75 "Astere mo pas capave travaille.
Gouvernement bizin aide moi".
[Now that I can't work government
has a duty to help me].
- 90 "Zotte responsabilitè pou aide
dimoune pauve [It's the
government's responsibility to help
the poor"].
- 125 "Zotte bizin aide dimoune pauve.
Mo pensè zotte travaille sa".
[The government must help the poor.
I think it is its duty to do so].
- 135 "Zotte meme qui ena capacite pou aide
nous [It's only the government who
has the ability to help us]".
- 160 "Zotte meme qui capave aide dimoune
couma nous. Tout dans zotte
la main".
[It's only the government who can
help. They've the means].

- 180 "Oui, zotte devoir sa. [Yes, it's
the government's duty to help the
disabled]".
- 195 "Gouvernement bizin prend nous part
dans nous la peine [The government
must take a compassionate interest
in our problems]".
- 215 "Gouvernement so devoir pou donne
nous mangé [It's the government's
duty to feed us]".
- 225 "Gouvernement bizin ena
consideration
pou nous. Gouvernement couma un mama
papa pou nous". [The government must
be compassionate. They're like our
mother and father].

Further Evidence of Dependency

Table 28 above needs no explanation. The statements quoted from the respondents show that there is a progressively strong tendency towards reliance on social services. The removing of subsidies on rice and flour recently caused quite an outcry among the Mauritians (Le Mauricien, 14.7.1993). There is clearly a belief among the informants that it is the duty, both moral and constitutional, of the government to provide welfare assistance in time of need. Since fieldwork in 1992 and October 1994 and January

1995 I have begun to realize that there would be an increasing demand for services from the recipients of social services to the extent of the government's inability to respond. But I have also felt that there might be an outcry not only from the middle-classes, but also from the lower social groups as a result of growing taxation to meet the growing social service expenditure. Therefore, to test this concern, I decided to raise a debate with some members of the middle class and others who are aspiring to join this group by conducting a pilot study. Fifty copies of a questionnaire were circulated through acquaintances to be completed and to be passed on to others for completion. I received 32 back, that is, 64%. Those I interviewed included members of the lower-middle class, middle-class, some government officials, and a few tax-payers. Among them were a member of a tribunal, teachers, bank clerk, a technician, a typist, personnel manager, customs and excise officer, a civil servant, an education officer, a home economics teacher, a food laboratory technician, and self-employed small sugarcane growers, shop keepers, and landlords. The respondents were fairly reflective of the tax-paying social classes. The comments of these informants are both surprising and interesting, contrary to expectation, in that the majority of them support the provision of social welfare to the Mauritians in time of need, thereby reinforcing the growing culture of dependency. Here are six of their statements, which appear to reflect the views of the majority of Mauritians on the issue of social welfare:

"In a well established society people should need to feel secure and can look up to the institutions in time of need. They should not live with the apprehension that some day they can be destitute or would be left to die unattended or uncared for".

"Since every Mauritian contributes through various types of taxes in raising money to finance the government expenditure, it is our right to get services from the government in return".

"It is also a moral duty to help people in need",

"Because many people in Mauritius are poor, there is a need of providing social services to these people".

"This [helping] should be the reaction of any human being".

"It's the government's duty to help those who can't afford a decent living".

Summary of Findings

Chapter 8 seeks to explore the expectations of the respondents in terms of social services. It shows that an overwhelming majority of them expect welfare support from the government in time of need: 91 per cent of them, to be

precise. It also illustrates that social welfare in Mauritius is rooted in politics, beginning from the French colonial rule and extended thereon. The politics of social welfare, as a consequence, has been raising expectations of social services, thereby creating what can be called a 'culture of dependency'. The majority of the respondents appear to believe that the government has both a constitutional and a moral duty to offer assistance in time of crisis. It is also illustrated that this dependent attitude is not affected in any way by the influences of religions or the sub-cultures of the ethnic groups. With the erosion of support in the family and in the community, Chapter 8 shows that the pressure for social services transcends the barriers of race, gender, or social classes. Even the middle classes, uncertain of their future, support a Welfare State, believing that they themselves might need welfare provisions in time of hardship. The data in this chapter give rise to a number of issues, in addition to the problem of the culture of dependency, having great social, cultural, economic, and political implications, which will be discussed in the next chapter.

CHAPTER 9

SUMMARY OF THE STUDY, FINDINGS, SOCIAL POLICY

IMPLICATIONS, AND CONCLUSIONS

To recapitulate and summarize, this research project was inspired by the reading of the Titmuss Report (1960), across which I came unexpectedly and coincidentally in 1989 at the library of Brunel University. But the commitment of this undertaking has gone beyond the inspiration sparked off by the Titmuss study, thereby significantly extending this research project beyond the too limited, narrow, and not too ambitious original intention. I must confess, as a result of the subject matter, my own deprived background, and my commitment to getting involved in the area of social welfare in my own country, that it has aroused considerable emotions and feelings while engaging on it. However, it must be added that every effort has been made to remain as objective and neutral as possible throughout the period of involvement. The aims of this study are to explore, to analyse, and to interpret the conclusions arrived at through the framework of the following questions put to the respondents:

1. What are your difficulties?
2. What social services are you receiving?
3. Are you satisfied with the welfare provisions received?

4. What are your expectations of social services
from the government?

This is a 'client-oriented' study carried out for the first time in Mauritius. Prior to this undertaking, there was clearly a gap to be filled not only from the standpoint of this model in the area of research methodology on the island, but also in the field of social services. Since the Titmuss study, there have been no serious research projects, so far as I am aware, in the area of social welfare considered by this work. However, one has to be extra cautious and to make no greater claim than to state that this is simply an exploratory research survey. The objectives of adopting the framework of 'client studies' are three: (i) to attempt not to follow the tradition of the colonial-inherited research methodologies, which is considered to be inappropriate; (ii) to try to translate personal beliefs and observations, derived from experiences as a social work practitioner, into action; (iii) and to show that the service-users are the best judges of their needs. Client-studies, especially the works of Mayer and Timms (1970) and Beresford and Croft (1986), have been particularly influential in considering this methodological approach. The scope of the study is limited to three areas of social services: (i) outdoor relief or public assistance; (ii) indoor relief or residential care; and (iii) health services, the three systems of welfare provisions most used and most criticized by the Mauritians on the island.

225 recipients of social services and several officials were interviewed face-to-face. A number of residential establishments, including the psychiatric hospital, were visited, some covertly, where brief interviews were conducted and observations noted. Regarding fieldwork in Mauritius, there were serious obstacles of access posed by officialdom and bureaucracy, aggravated by the absence of a freedom of information tradition, particularly to data directly relating to recipients of social services. However, the bureaucratic and other obstructions have taught invaluable lessons in relation to the need of better preparation for future research projects prior to embarking on fieldwork programmes.

The main corpus of the study has been divided into nine chapters, including this one, each focusing on a specific area within the structure of the questions mentioned above, and four appendices. Needless to point out that the chapters are interconnected and, therefore, only make sense when reading them together.

The Findings

Chapter 5, 'The Presentation of Needs by Recipients of Social Services', contains a synopsis of the statements as to their thoughts and comments on the quantity, quality, and lack of specific social services, which have been rigorously subjected to close examination from different facets, using the technique which C. Wright Mills (1970: pp.11-12) calls 'sociological imagination'. The discussion and analysis have been particularly focused on (i) the

nature of the recipients' presenting problems, (ii) the problems of coping with their situations, and (iii) the general impact that the presenting problems is having on the quality of their lives. Needless to say that all these have been assessed and analysed from the sociological changes taking place in the Mauritian society. The findings of this study have shown that the respondents are experiencing a piteously difficult time in their lives, with the overwhelming majority of them having been adversely affected by a multiplicity of difficulties. They include mental illness and physical disabilities, poverty, abuses of different types, including emotional and physical, feeling of unwantedness, rejection, loneliness, and other difficulties, difficulties, no doubt, mainly contributed by mistaken ideas borrowed from the West by Mauritian elites educated and socialized in Europe. Uncontrolled industrialization, Individualism, extremist feminism, out-dated socialism, and welfare system that intrudes in the lives of the people, thereby weakening enterprising motivation, are some of the factors which have today created a fractured Mauritian society without a vision, as exemplified in the mounting social problems. These include family breakdown, disturbingly high rate of divorce, and a situation of the 'survival of the fittest'. Many of the ideas borrowed from the West have long since been rejected in Western societies for their catastrophic effects and are being countered by what has been referred to as 'back to basics', that is, revival ideas that will strengthen family values, which are central to a healthy society, etc. An objectively selected sample population of 45 respondents

out of the 225 shows that 98% (44) have physical disabilities, 42% (19) are also mentally handicapped, and 67% (30) have the additional problem of subsisting on inadequate income. Many of them also suffer from the psychologically more damaging difficulties of loneliness, rejection, alienation, and stigma associated with their disabilities. They have, in addition, to put up to all forms of abuses, including physical, emotional, and mental violence, consciously or unconsciously perpetrated by the carers, by the immediate members of the family, and also by unenlightened outside tormentors in the society.

Respondent no.149 is one of the numerous examples illustrating how many of the respondents are confronting a multiplicity of difficulties. G is in his 30s. Both of his legs have been amputated almost to the hips following industrial injuries. He occupies a tin shack, with a piece of jute back substituting for the door and a tiny window. For furniture there are a few wooden boxes, in which he keeps his worldly possessions. Lying on a dirty mattress on a low iron bed and leaning against an equally dirty pillow, he has been trying to explain his difficulties. Connected with him for draining out faeces and urine is a plastic tube, through which the mixture of faeces and urine keeps on dripping into an old, heavily stained porcelain bucket, lying directly under his bottom. The shack is hot like a furnace. The stench is suffocating and almost unbearable. He explains his difficulties thus:

"Mo pas capave faire nenrien. Si mo soeur
 (an emaciated woman with bruises, inflicted
 by a violent husband, on her face is sitting
 next to him) pas amene un tiguittte mangè, mo mort
 sans mangè". [I can't do anything for myself.
 If my sister did not bring some food for me,
 I would die of hunger].

G's wheelchair, a gift from the Red Cross given many years ago, is coming apart. He has been trying to hold it together with bits of string. He says he has to pay someone a few rupees to put him in his wheelchair and to remove him from it, if he wants to go out. His attempts to find a place in a Home has proved unsuccessful so far. Alone, deserted, and powerless over his dire situation, G confesses that he is patiently waiting for death, hoping that it will put an end to his suffering.

Many of the respondents also have the problem of surviving with inadequate income. Respondent no.52, speaking for his mentally ill 33 years old son, explains why the disability allowance does not go very far: "Lère li malade, la police refuge pou amène li l'hôpital. Bizin prend taxi. Quand li dans l'hôpital mental, bizin donne un ti l'argent un patient cequi un pe bien pou occupe li. Bizin donne sa nurse la si un ti gousse. Sans sa zotte pas pou prend li conte". [When he is psychotic, the police refuge to take him to hospital. A taxi has to be hired. When he is in hospital, a less ill patient must be given some money to keep an eye on him. A bribe must be given to the nurse. Otherwise there will be no

care for him].

The findings also show that others simply cope with their difficulties by doing nothing, believing that they have no choice but to bear the repercussions of sinful deeds in previous incarnations. The Hindu concept of **Karma** seems to represent the strength and perseverance which enable many of the informants to bear their difficulties with fortitude. Respondent no.115, the mother-carer, of a 20 year old man, with severe mental and physical disabilities, copes with her problems with this belief: "Dans live Indien finne dire cequi dimal ou finne faire bizin paiyè [The Hindu scriptures have stated that one cannot escape the punishment for sins committed in past incarnations]". When I made my first unsuccessful visit the disabled son was locked out outside the house, sitting naked next to a pile of faeces. He is seen in similarly appalling condition at the next visit. The respondent says she has tried to find a Home for her son, but without success. With inadequate income and no facilities, she complains that she cannot afford to take him to the mental hospital for treatment.

Unable to care for her severely disabled 10 years old son, lying naked and tied to a cot too small for his size, the mother-carer is hoping that he will die soon: "Ta lère li pou mort sa. Li pe passe misère pou nenrien. A cause li mo pas capave alle travaille". [He will die soon. He is suffering for nothing. I can't go to work because of him].

Demoralization is another difficulty, the findings show, that many of the respondents experience. A young man, paralysed following industrial injuries, and unable to get any government support, financial and other's, feels so depressed and demoralized that he says: "Bon Dieu si pas le prend moi. Combien fois mo finne rode jette le corp dans cascade. Mais mo pas ena courage pou faire li. Pas ena la vie pou moi". [Even God is refusing to take my life. I've several times tried to commit suicide, but I can't do it. There is no life for me].

As a result of their disabilities, made more difficult by the stigma attached to them, this study has shown, many of the recipients of social services have been exposed to all forms of abuse, some of which have been consciously inflicted. Strapping the disabled to the bed or cot, locking them indoors, transferring them from the main house to specially built sheds, hiding them away from the public's view, locking them out or in tin shacks, administering extra medications, physically beating them are some of the barbaric treatment to which many of the most vulnerable welfare recipients are being exposed. As an example, an amputee, respondent no.75, explained how his children beat him: "Zotte finne degoute moi. Zotte batte moi. Mais mo pas peur zotte moi. Zenfants jordi bien 'nimakkaram'". [They (his children) don't want me. They beat me. But I'm not afraid of them. Today's children are ungrateful]. Recipient no.103, a 30 year old man, with severe physical and mental disabilities, is seen locked naked in a shed in an intolerably dirty condition. His brother's excuse is that he

is being incarcerated there for his own protection and welfare. It is difficult to believe that some people can reason so appallingly. There is no medication and no other welfare support of any kind for this helpless mentally ill man. There appears to be no effort made by the disabled man's nearest relatives to at least let their concern known to the Welfare Department. Doing nothing to relieve suffering, on the other hand, is widely felt to be a waste of time and energy.

Chapter 6 assesses the 'The Nature of Allocated Welfare Provisions'. It is revealed that welfare support is primarily confined to a monthly pension and medical help. Of the 225 informants, 81% (182) are paid a monthly allowance and 44% (100) of them also receive medical support. It is, however, a matter of great concern that 19% (43) receive no financial support at all, in spite of their disabilities and are out-patients at the mental or general hospital. Frustrated at getting no welfare support at all, respondent no.4, a sick person, says angrily: "Gouvernement la connait qui mo malade. A cause sa mo alle l'hospital. Qui faire li pe rissè poussè pou donne moi un ti pension? Sa meme mo le connait". [The government is aware that I'm sick. This is why I attend hospital treatment. Why can't I get a pension? This is what I want to know]. This research has also illustrated that money has become an essential commodity particularly for the disabled, as too much reliance on family support can lead to serious abuses at a period of growing individualism, disintegration of the extended family system, the breaking down of the community, and the erosion

of respect or sympathy for the disabled and the elderly. There are some differences, in a few cases, which are statistically significant in terms of intake of services in certain Districts: for instance, in the District of Plaines Wilhems 21 of the respondents receive a pension, whilst in the District of Rivière du Rempart only 16 are entitled to an allowance, which, with 20% difference, is significant. It has been revealed that unclear communication between the Headquarters and local Social Security Offices, lack of publicity to the nature of existing social security and other welfare benefits, absence of informed advice, and the ideological or idiosyncratic criteria for assessment of needs are contributory factors to those denied of welfare support. The findings of this study have also demonstrated that bureaucratic inefficiencies, due to inadequately trained and incompetent staff, uncaring and unmotivated personnel as a result of lack of promotion, and appointment of many officials by nepotism or political string-pulling, add to the discrepancies in the distribution of services. Respondent no. 131 could not get a pension for his mentally and physically disabled 13 years old son because of a disagreement between the mental hospital and the Department of Social Security whether the boy is entitled to a pension under the Regulations. One of the angry and frustrated carers, who is looking after her disabled brother, asks: "Faudè li mort lere la li pou merite un pension [Must he die first before he is considered qualified for a pension]?" Informant no.194 would not bother to make a claim for a disabled pension because: "Ici bizin donne gousse pou gagne pension. Cotte mo pou gagne 6000 roupies? Mo envoiye faire

foute". [Here one has to bribe the officials in return for a pension. From where will I get Rs.6000? They can keep it].

The National Health Service also provides a range of medical treatment to the respondents. However, this study has shown that there is wide-spread dissatisfaction with medical services. Regarding treatment at the mental hospital, respondent no.180 says: "Mo finne faire deux semaines l'hopital mental, mais sa perdi le temp sa. Mo senti moi plus mieux la. Zotte tuè ou avec medicaments la bas". [I spent two weeks in mental hospital, but it was a waste of time. I feel better here. They kill you with medications there]. Another example of poor health services in hospital is exemplified by respondent no.183, who is paralysed as a result of a fall: " Pas ena traitement. Docteurs bien delica. Zotte pas trappe ou. Zotte guette ou depi loin, couma dire ou un paquè kaka". [There's no treatment in hospital. Doctors find you repulsive. They look at you as if they are looking at a pile of faeces]. Respondent no.201, an old lonely bachelor with serious hip problem, complains that the hospital doctor has asked him to see him as a private patient at his home, if he wants more effective medications. He adds: "Si ou pas capave paiye docteur, ou mort [If you can't afford the doctor's fee, you die]". Frustrated with poor medical and other forms of social services, it has been observed that many of the respondents seek alternative remedies, like offering prayers, making donations, making vows, turning to the skills of witch doctors, putting faith in supernatural things, doing 'social work', etc. A few of them, it has also been revealed, are waiting for the

intervention of God and, what is worse, the fatalists simply do nothing, hoping that death will intervene and resolve their difficulties. Desperation contributed by the lack of welfare support seems to be driving many Mauritians to develop fatalistic attitudes.

This study has also shown that the quality of institutional care is far from satisfactory. Untrained staff, supported by untrained managerial personnel, in the majority of cases and the absence of organized and helping programme to stimulate the residents are the two major deficiencies. The other problems observed include the unsuitability of placements to match the needs of certain individuals, especially those in wheelchairs, those with limited mobility, and those who are sick, the low standard of hygiene in some establishments, and the lack of other services, like privacy, stimulation, counselling, effective therapeutic programmes, and so on and on. The cultural and religious issues and emotional needs are factors not considered important for the well-being of the residents in the overwhelming majority of cases in the multi-cultural Mauritius. The emphasis is principally on physiological needs. It appears that there has been little or no improvement in institutional care in Mauritius since the Titmuss Report (1960), which revealed a shockingly massive deficiencies and recommended radical improvement from the standpoint of structure, training, and philosophy. The argument in defence of the degrading and dehumanizing services is that they will have been begging on the street, if not provided with residential placement. This is the

response of an official from Home no.2, a perception which appears to be widely held in the residential institutions on the island, although this does not seem compatible with the welfare of the residents in the Mauritian society, which is not unfrequently described as a civilized society. This philosophy of childcare model, coming from the Nun in charge of Home no.1, cannot be in the best interests of the child: "Sa un la vérité qui pas capave démenti. Zenfants qui finne nè dans problème, zotte la vie finni dans problème". [This is an undeniable truth. Children born in problematic situation find their lives ending up in problems]. This study has also revealed that the inadequacy of residential placements for those requiring them seems to be reaching crisis proportion, in the face of the increasing demand made on them, resulting from the families' growing reluctance, inspired by the new ethos of individualism, to stay at home and look after their disabled and dependent members. In the face of growing elderly population, the crisis for placement will soon become so chronic that the State will not be able to cope with it, unless positive action is taken now. D. Dewkurun, a student at the University of Mauritius, writes (see L'Express, 6.12.1994): "... presently, there is one person above 60 among 8 people (of working age group); this figure will alarmingly drop to 1:3 in the year 2030 (out of 3 people, one will be above 60). The number of old people will rise from 88000 in 1990 to 261 000 in the year 2030". The research has also indicated that the disabled have, on the other hand, begun to lose faith on the residual informal support from the family and community. The breaking away from traditional obligations from the family seems to

be a mutual reaction by both the abled as well as the disabled and the elderly. This study shows that no one wants to burden relatives with his/her problems or to be burdened with problems, however close is the relationship. Individualism, as already mentioned, is steamrolling over the values of mutual and reciprocal support that once constituted the life-blood of family solidarity and the community.

Chapter 7 shows that the overwhelming majority of the welfare recipients are dissatisfied with the welfare provisions allocated to them. As large a number as an average of 86% (194) of the respondents are dissatisfied with existing social services. Inadequate and irrelevant government support, poor hospital treatment, the evaporation of informal support in the family and in the community, bureaucratic inefficiencies, and abuse of power by the officials have separately and collectively been shown to be some of the main factors contributing to the dissatisfaction. The dissatisfaction, this survey demonstrates, does not only point out the inadequacy of services, but it also indicates the need for more appropriate services, as exemplified by this case. A father, respondent no.210, feeding his severely disabled son in a room at the back of his shop, complains: "Bizin guette li couma un ti baba. Li empeche moi travaille. Bizin un couvent pou zenfants couma li". [He has to be cared for like a baby. He prevents me from doing my work. There should be a Home for disabled children like him]. This study has shown that there are several cases of abuse as a result of the

fact of non-existence of and irrelevant service provisions. A glittering example of cruelty can be seen in this statement made by respondent no.62, who has abandoned his father in a dark room for lack of welfare support, among other things, hoping that he would die soon: "Ta lere zotte pou mort meme". In one case, lack of support and advice, absence of supervision by the authority concerned and sheer reckless negligence by those in a position to help have made a grandmother-carer to administer extra medications to her mentally ill grand-daughter so that she remains asleep until the former returns from work. In another case, a young girl with mental disability is strapped to the bed. In another case, a mentally handicapped young man is locked naked in a shed. This study has illustrated several cases of deliberate or unconscious abuses inflicted against the human dignity of most vulnerable members of the Mauritian society. This is a harsh statement, but this appears to be an undeniable fact, which needs to be addressed and arrested. Without intervention now, the abuses will grow so much that no government will be able to deal with them.

The dissatisfaction with social services, it is also demonstrated, is not limited to a particular social class or ethnic group. It seems to reflect the views of most, if not all, claimants or non-claimants from different cultural groups in this study. Those 'Very Satisfied' constitute only 0.9% and those 'Not Sure' 8% of the sample population. What is, however, paradoxical with the former is, in spite of their positive responses, that they still wish that they could have more welfare support. The latter, on the other

hand, could not make up their mind because they are not confident that they can enforce their rights to welfare provisions: "Dimoune pauve couma nous cotte capave la guerre avec gouvernement [Poor people like us cannot make demands of welfare provisions on the government]". With an average of 86% of the respondents dissatisfied with social services, this study concludes that existing welfare provisions are substantially out of touch with the real needs of the Mauritian service-users. A re-evaluation of the nature of social services seems to be urgently called for with a view to re-structuring the whole system.

Chapter 8 refers to 'Recipients' Expectations of Welfare Provisions'. Notwithstanding the extensive dissatisfaction with service provisions, the findings of this study, however, show that there is a progressively growing expectation of welfare provisions in time of need among the Mauritians. As large a number as 91% (205) of the respondents expect government support when they cannot cope with their problems. There is a strongly held belief among them that the government does not only have a moral obligation, but also a constitutional duty to come to their assistance in time of need. One of the informants has gone as far as describing the government as having the responsibilities towards its citizens as do the parents in a household: "Gouvernement couma un mama papa pou nous". As a consequence, one can see an insidious growth of a culture of dependency on the Welfare State, inevitably resulting in difficult and complex implications for the Mauritian society to cope with, as any form of dependency is a liability not

only to the individuals affected, but also to the society concerned as a whole.

Further sign of dependency is revealed in the surprisingly high figure of no less than 80% (179) of the respondents who have expressed strong support for the concept of **Citizen's Charter**. Since this was a new concept unheard of among the respondents on the island until interviews were conducted, their responses can only be described as impressive and noteworthy. This is so, although 5% (12) responded negatively and 15% (34) answered 'Don't Know'.

The findings of this study have also indicated that there is a growing solidarity among the welfare recipients which transcends race, gender, class, and caste. Even members of the middle class have expressed strong support for social welfare. The Mauritian society, once dominated by family cohesiveness, ethnic allegiance, and class consciousness, seems, particularly from the point of view of social welfare, to be converging towards wider and shared interests. Even those currently not dependent upon social services are supportive of a Welfare State based on the principles of universalism, service provisions for everyone, irrespective of means. There seems to be a growing feeling of insecurity and uncertainty across the social class spectrum, despite the carnival atmosphere displayed in the so-called affluent Mauritian society. Clearly, affluence is no sure protection against the dependency often followed by disabilities and old age in a myopic society in terms of preparation for the security of its most vulnerable

citizens. With the gradual evaporation of informal support in the family and in the community, people appear to feel that there is a likelihood that they might have to rely on social welfare provided by the State at any time in the future. This study indicates that a growing number of Mauritians are living under a psychologically strong sense of insecurity and uncertainty for the future. The rapid social changes, stimulated by a laissez faire attitude and the tacit encouragement for a situation of the 'survival of the fittest' to develop, this is a very difficult time for many Mauritians.

At this point it must be admitted that the 'client-oriented' model is most likely to be responsible for the disturbingly high rate of disenchantment with social services that the findings have shown. With human nature instinctively desiring more than is often possible or available, this may be considered as minor weakness in this approach. It is, however, believed that the frame of reference adopted in this survey provides useful guidance and direction for the development of appropriate social services and the improvement of service-delivery. It is believed that the needs of clients are better understood by them rather than by the officials and outsiders, who may have been brought up on different values and have different perceptions of other people's requirements, apart from being affected by bureaucratic prejudices, particularly in the context of Mauritius.

Implications

The sample population of 45 informants, out of the 225, shows that 98% (44) have one or more forms of physical disabilities, 42% (19) are also mentally handicapped, and 67% (30) have the additional difficulty of inadequate income to manage. Although this is a relatively small sample (20%), the findings appear reflective of the whole of the sample population. Furthermore, it has been revealed that many of the welfare recipients have been experiencing different types of abuses, which include emotional and physical violence, rejection and loneliness, and alienation.

It is also illustrated that out of the sample population of 225, 81% (182) of the informants are being paid a monthly allowance and 44% (100) also receive free medical support. However, 19% (43) receive no financial support at all, although their disabilities require out-patient hospital treatment and they also render them incapable of earning their livelihood. This study has also shown that there is wide dissatisfaction with existing social services: an average of 86% (194) of the respondents have responded 'Not Satisfied'. None the less, the findings, paradoxically, show that 91% (205) of them expect welfare support from the government in time of need. This expectation is further reinforced by powerful support for legally enforceable welfare rights to social services. A growing minority of respondents have also been talking about the ineffectiveness of welfare support by a payment of a benefit. In this one can conclude that there is an increasing consciousness that alternative means of support may be more appropriate in

certain cases, i.e. counselling, welfare rights support, and, in a nutshell, generic social work intervention. Respondent no.84, aged between 72 - 77, carer of a 27 year old mentally and physically handicapped son, appears to speak for a growing number of Mauritian service and prospective service-users there is a need to rethink social welfare and introduce a system of social work: "L'argent pas un grand probleme. Nous capave debrouillè. Pli grand traca la: si mo mort, perna personne pou guette li. Nous pe vinne vieux nous. Banne jeunesse jordi perna patience. Zotte pas interessè. Gouvernement bizin coumence pensè qui pou faire avec dimoune handicapè". [Money is not a major problem. We can manage. The greatest worry is that if I die, who will take care of him. We are getting old. Today's children have no patience. They are not interested in helping a disabled member of the family. Therefore, the government should start planning as to how they are going to help the handicapped].

With these findings, the implications for the government and the country are inevitably difficult, complex, and far-reaching in relation to those dependent upon social services in the context of the new culture, the philosophy of economic development, and the methods of political decisions. There seems to be no time left for continued prevarication or inaction, if the impact of future social problems is to be minimized.

Culture of Dependency

In view of the responses, there appears clearly a growing attitude of dependency among the informants on the welfare

system. Gone, this study shows, are the norms and values imposing the caring responsibilities of the less able and dependent members of the family primarily on kith and kin and the community. Also gone are the days when the State was only expected to provide what Pinker (1971: p.99) has referred to as 'residual' social services, that is, support provided selectively in areas where it is most needed in order to improve conditions. Reliance on social welfare, among other problems (King, 1987: p.45), can also generate such disincentives as to discourage self-help, personal efforts, and initiatives, thereby resulting in a culture of dependency. The politicians and the extension of the role of the Welfare State seem to be strengthening this negative attitude. Therefore, the strongly felt legitimacy for welfare provisions, as demonstrated by this study, if left uncontrolled and unchecked, can generate a cycle of social problems, whereby one generation of culturally dependent recipients of social services transmits the culture of dependency to the successive generations. This scenario could happen in reality in Mauritius, deducting from the rapid cultural transformation of the society and the comments made by many of the respondents in terms of social services.

All the indications show that there is a growing culture of dependency on the State's welfare provisions. The removing of subsidies on rice and flour recently caused quite an outcry among the Mauritians (Le Mauricien, 14.7.1993). The strong belief among the informants that it is the duty, both moral and constitutional, of the government to provide

welfare assistance in time of need undoubtedly illustrates one of the clearest tendencies of cultural dependency.

I was ambivalent whether there would be support for a Citizen's Charter from the informants. This led me to also try to seek the opinions of those who can be described as the non-recipients of social services on this new concept so far as Mauritius were concerned. Fifty copies of a questionnaire were circulated through acquaintances to be completed and to be passed on to others to complete. I received 32 back, that is, 64%. The respondents were lower-middle class and middle-class professionals and tax-payers. They included a member of a tribunal, several teachers, a bank clerk, a technician, a civil servant, an education officer, a home economic teacher, a food laboratory technician, and a few small sugarcane growers and landlords. The comments of this category of informants were surprising and interesting, contrary to the hypothesis that they would oppose welfare rights to services, being tax-payers, reasonably well-off, and status-seekers by attitudes. Their responses strengthen the contention that there is a strong tendency towards a sense of dependency on the State in time of need, as shown by the following statements from relatively prosperous people:

"In a well established society people should need to feel secure and can look up to the institutions in time of need. They should not live with the apprehension that some day they can be destitute or would be left to die unattended or uncared for".

"Since every Mauritian contributes through various types of taxes in raising money to finance the government expenditure, it is our right to get services from the government in return".

"It is also a moral duty to help people in need".

"Because many people in Mauritius are poor, there is a need of providing social services to these people".

"This [helping] should be the reaction of any human being".

"It's the government duty to help those who can't afford a decent living".

There is a strong impression that the majority of Mauritians, rich or poor, psychologically feel fairly insecure and looking to difficult time in the future with apprehension. This must be a natural feeling in view of the rapid social changes. Therefore, there is an urgent need to pause and take stock of things. The time for consolidation of developments, economic, political, and cultural, seems to have arrived. Père Henri Souchon, active Catholic priest in Mauritius, is right when he appeals to the decision-makers to stop and re-evaluate social developments before going further (see Malenn Oodiah, ed., Les Années Décisives, 1994: p.62): "... j'ai envie de dire aux décideurs: arrêtez-vous

un moment, regardez, considérez, réfléchissez avant d'aller plus loin".

Economic Implications

The Financial Times Survey (14.9.1992), reviewing the economy of Mauritius, articulated the government's concern thus: "One prickly problem is the increasing cost of the Mauritian 'welfare state'...". Complaining against increasing taxation on the middle class salaried employees to meet growing demand on welfare provisions, Bhoyroo (Le Mauricien, 14.7.1993) concluded his article by asking these two economically crucial questions: "How much should the government do for the population? How much should each Mauritian do for his country and for himself and his family?" In Mauritius, with the growing demand for social services, there is already an increasingly strong feeling among the authorities that there exists a 'government overload', to use Mishra's term (1986: p.36). Removing subsidies on rice and flour seems to be the beginning of the government's attempt to reduce its 'load' of responsibilities. On the other hand, the 1993/94 Budget (see Le Mauricien, 14.7.1993) has increased welfare expenditure, thereby extending its intervention. The expenditure of the Ministry of Social Security and National Solidarity has been rising (see B. Bacha, in Les Années Décisives, p. 144) from Rs.377 millions to Rs.645 millions between 1981 and 1982, that is, between 13% and 20% of the entire budget and between 1990 and 1991 it was 17.6%. Welfare expenditure continues to rise all the time. As a result, there is a growing opposition among certain sections of the materially

comfortable Mauritians who are against the mounting expenditure resulting from growing demand on welfare provisions. This feeling is powerfully expressed in the leading article, entitled The Welfare State: To be or Not to be, by Bhoyroo (see *Le Mauricien*, 14.7.1993): "A few months ago, much discussions took place on the subject of the welfare state; i.e. the need to providing certain 'supposedly important' services/assistance to the Mauritian population...". The writer complained that the members of the middle class are paying too much in taxes towards helping the 'low class': "What we see is that the low class is again getting (and is fighting to get more) additional benefits from the State while the middle class and upper classes have to work even harder since they do not have the privilege of being in the low class category. In a away, it seems right to say that the middle and upper classes are working harder and harder to be able to acquire a house of their own as well as paying for that of the so-called low class". This paragraph summarizes the battle that is currently raging and is most likely to continue against the mounting expenditure social welfare in Mauritius, in addition to raising the issue of the overloaded economy. This study also illustrates the complex economic implications, resulting from the raised expectations of welfare provisions by politicians and inefficiencies in the distribution of social welfare. Although it is difficult to measure the impact of social service investment, yet economic commonsense expects some positive results. In view of the responses from the informants, growing input into social welfare is not producing the desired results.

Political Implications

The high expectation of social services by the majority of the respondents raises a number of issues of great complexity for the government, politicians, and administrators. In addition to the question of a people socialized on the tradition of social services of one form or another, there is the dilemma of the political philosophy rooted in socialism adopted by the government and leading politicians. Not only is the current administration socialist or is claimed to be socialist, but the politicians of all political parties, publicly confessed socialists or non-socialists alike, seem to be vying with each other to prove that they are better socialists than their contemporaries, using the promises of more and still more social services to attract political support. Egalitarianism is the main objective of socialism (Goodwin, 1982: p.93). The rhetoric of a classless society, based on collective responsibility, and reinforced by social engineering through social services and other benefits, appears to be widely used for political support on the island, irrespective of the consequences and this out-dated view of socialism. The modern term of socialism is defined, according to Tony Blair, (Fabian Pamphlet 565) the new leader of the British Labour Party, that once it is "... a set of principles and beliefs, based around the notion of a strong and active society as necessary to advance the individual, rather than a set of narrow time-bound class or sectional interests or particular economic prescriptions, then it can liberate itself, learning from its history

rather than being chained to it". Chained to the old definition of socialism is a major problem that both the government and the politicians have to confront in their political approach so as to cope with the increasing burden of the demand on welfare provisions, to parry criticisms of welfare policies, and to counter the growing culture of dependency. However, the greatest difficulty that has to be overcome, if the existing problems are to be prevented from becoming too chronically complex for a solution, is the havoc that the model of industrialization adopted is wreaking on the family system and the community on the island. Mannick (1989: p.136) puts it thus: "Mauritian culture has changed markedly with industrialisation. The rise in living standards, the growth of materialistic attitudes, the availability of consumer goods, and Mauritius' general affluence are affecting family solidarity. Prior to independence, the extended family and the community were strong; now concerns and values are much more individualistic". The dismantling of traditional sources of welfare has also added to the dilemma of both politicians and government. Thus the problem of the raised expectation for welfare provisions by the respondents and the Mauritians generally inevitably becomes not only almost unresolvable, but also requires the re-evaluation of social policies. Continued reliance on ideas from the West will weaken the country, as shown by support for extremist feminism, which has mainly contributed to the high rate of divorce, growing cases of child neglect, child abuse, the young in conflict with their elders, and the breaking down of the inherited strong family values. With the breakdown of

the family system, there can be no healthy society. Given the deeply rooted tradition of Mauritian politics of short-term political expediency and self-aggrandizement, pragmatic attitudes by government are called for, apart from dynamic the leadership, if some form of equilibrium can be restored and established in the realm of social welfare in Mauritius. Encouragement to revive and strengthen the culture of self-help and progress by limiting the activities of the welfare system is most likely to be the solution to the problems confronted today by Mauritius in the field of social welfare. Welfare State, run on the out-dated roles of socialism, can only continue and reinforce the culture of dependency rather than unleash the hitherto untapped potentials of self-sufficiency in many of the service-users and potential service-users.

However, welfare reconstruction cannot be effective unless the welfare system is constructed on a societally shared value system. Discussing reconstructing and up-dating social welfare in a wider context, Frank Field (1995: pp.21-22) writes in his most recent seminal study:

"We also need to confront the values which are taught by our social security system. No system of welfare can be independent of values. These values need to be brought to the fore. Is it right, for example, that young, never-married mothers should gain additional income support premiums when few if any voters think that such behaviour is acceptable, let alone rewardable".

Conclusions

Social welfare in Mauritius is politically rooted. The consequence of this is that expectations of social services are constantly raised, as illustrated by this study that an average of 86% of the respondents are dissatisfied with existing social services, 91% of them expect welfare support from the government in time of need, and 80% of them support a Citizen's Charter for welfare provisions as of right and are enforceable in the court of law. The high expectations, as a result, give rise to a number of issues, in addition to creating a culture of dependency, of great social, cultural, economic, and political implications. The politicians and government, on the one hand, pressurised by the middle classes to reduce taxes and, on the other, driven by the growing militancy for improved and extended social services by the masses, find themselves facing an almost irreconcilable situation. The havoc unleashed by a free-for-all industrialization, which has undermined and almost dried up the traditional sources of mutual and reciprocal support in the family system and in the community, has added to the already complex dilemma. The Welfare State based on the old style of socialism, that is, usurping the roles of the families and the communities, is making matter worse. The findings of this study show that there is no option left to a comprehensive re-evaluation of social services in Mauritius, beginning from a new and pragmatic philosophy of social services, based on the needs of Mauritius and the Mauritians in the 1990s and beyond. The processes of reorganization should not only look at the structures of

welfare provisions and the purpose of social welfare, but should also consider decentralization of services and comprehensive training for staff. Indeed, the whole approach to the provision of social welfare should be examined by Mauritians, and not by foreign consultants, from the basis of a set of new, more dynamic, and up-to-date social policies primarily based on the needs of Mauritians. This study has clearly and unequivocally shown that the social policies inherited from British colonialism, specifically where social welfare is concerned, is too out of date and obsolete to effective in view of the rapid social change sweeping across the free and post-independent industrializing modern society of Mauritius. However, the research techniques adopted in this survey cannot be claimed to have successfully scrutinized all the issues considered in this project. This is impossible. None the less, it is strongly believed that this study reflects a modest but serious attempt to provoke debates and inspire more productive future research programmes in the arena of social welfare in Mauritius.

APPENDIX A

Strictly Confidential

QUESTIONNAIRE FOR RECIPIENTS OF SOCIAL SERVICES

(Please, write or tick, as appropriate)

Section 1

	Male	Female
1. Sex		
2. Age	18 - 23	
	24 - 29	
	30 - 35	
	36 - 41	
	42 - 47	
	48 - 53	
	54 - 59	
	60 - 65	
	66 - 71	
	72 - 77	
	78 - 83	
	84 - Over	
3. Place of Residence	
4. Religion	
5. Community	
6. Education	
7. Occupation	
8. Single Married Living Together Separated		
Divorced Widowed Widowed		
9. Number of Children	No. Age M F	

--- --- ---
 --- --- ---
 --- --- ---
 --- --- ---

10. If separated or Divorced, was the partner from the same Religious Group? Community? Caste? Class?

Section 2

(Service-Users' Needs)

1. Please, state your difficulties or needs

2. Please, state the types of social service support you are receiving: 1.....2.....
 3.....4.....5.....
3. Can you name some of the social service provisions, without repeating your ones, that the Mauritians can get from the Welfare Department? 1.....
 2.....3.....4.....5.....
 6.....

Section 3

(Service-Users' Responses to Needs)

1. Are you satisfied with the social service support you are receiving? **Not Satisfied** **Satisfied**
 Not Sure **Don't Know**
2. Please, state your reasons for your answer.....

.....

Section 4 (Welfare provisions for Children and Families)

1. Which of the social services listed below would have satisfactorily met your needs?

a) Social worker's or welfare officer's advice and support? Yes No

b) Adequate social security benefits? Yes No

c) Adequate housing facilities: Yes No

1. Municipal Housing Yes No

2. Rent control Yes No

3. Subsidized rent Yes No

4. Loan to extend own house Yes No

5. Rights to purchase one's
rented accommodation Yes No

6. Loan to buy one's own
house Yes No

7. Any other.....

d) Adequate free or subsidized medical support:

1. Emergency hospital
admission Yes No

2. Treatment at home Yes No

3. Doctor's or Nurse's visit Yes No

4. Transport to keep
hospital appointment Yes No

5. Provision for parent to
stay with sick child

in hospital Yes No

6. Special provision for
specialist treatment

overseas Yes No

7. Any other.....

.....

e) Family welfare centres Yes No

f) Child guidance unit yes No

g) Free or subsidized nursery Yes No

h) Child-minding facilities Yes No

i) Incentives for elders or retired
persons to assist with child-care
tasks Yes No

j) Play group for toddlers Yes No

k) Pre-school facilities Yes No

l) Play centres after school hours Yes No

m) Play centres during school vacation Yes No

n) Education facilities for children
with special needs Yes No

o) Advice about education Yes No

p) Advice about careers Yes No

q) Emergency childcare arrangements Yes No

r) Fostering and adoption Yes No

s) What nature of support from the
Welfare Department would have been
helpful in your case? Please, state

.....

.....

.....

Section 5 (Welfare provisions for Elderly and disabled Adults)

1. Could one or more of the social services listed below have been helpful in your case?

a) Social worker's or welfare officer's advice?

Yes No

b) Adequate social security benefits? Yes No

c) Training facilities for employment? Yes No

d) Adequate financial support for carer? Yes No

e) Training for carer? Yes No

f) Relief support for carer? Yes No

g) Homecare support? Yes No

h) Subsidized use of telephone? Yes No

i) Day Centre? Yes No

j) Rehabilitation centre? Yes No

k) Adult fostering? Yes No

l) Free or subsidized general medical facilities? Yes No

m) Sheltered accommodation? Yes No

n) Residential care? Yes No

o) Specialized care and support for those who need them? Yes No

p) Please, add any other forms of help which could have been helpful to you or others?

.....

Section 6**(Service-users' Expectations)**

1. In your view, is the government's responsibility to help Mauritians in your situation or those facing difficulties through no fault of theirs?

Yes No Don't Know

2. Please, give reasons for your answer

.....

3. Would you like to see a Citizen's Charter, whereby your rights to decent and professional social services are protected by law and can be legally enforced? **Yes No Don't Know**

4. Please, give reasons for your answer

.....

APPENDIX B

SUMMARY OF RESPONSES TO RECIPIENTS' PRESENTING
PROBLEMS WITH ENGLISH TRANSLATION

Notes on the Respondents' Responses

(The focus of this thesis is to enable and encourage the respondents to define their needs and wants as they experience them. In response to the open-ended interview schedule, they have spoken freely and voluminously. The responses below, as can be expected, are only a bare minimum of how they see their situations. It is, however, hoped that they provide an insight into the problems or difficulties of the recipients and prospective recipients of social services in Mauritius).

DISTRICT OF BLACK RIVER

Respondent Nos.

(1)

A male, aged 54 - 59, suffers from cardiac problem. Unable to work and in debts. House leaking and can't afford to repair it. Finds pension inadequate. Feels humiliated, having to rely on wife's earning to live. "Mo honté mo dire ou. Mo bizin vive lor l'argent mo femme. Dimoune cause ou derière ou le dos. Mo pas connais qui mo pou faire avec mo la vie". [I feel ashamed, I tell you. I've to live on my wife's earnings. Neighbours gossip about this behind your back. I don't know what to do with my life].

(2)

Male, aged 66 - 71, is partially sighted, deaf, and has limited mobility. Has been refused hearing aids. Finds

pension inadequate to live on. He adds: "Mais qui mo pou faire? Mo destine qui coumsa. Ou misere. Ou bizin sipportè". [But what can I do? It's my fate. I'm poor. I've to bear the suffering].

(3)

Tiny 11 years old girl has serious heart defect. Has huge lump on the back. Has deformed legs. Mother-carer complains of no medical help, too small pension, and no welfare support. She asks: "Dire moi ou meme qui maniere mo pou gagne la paix? Plito mort meme. Sa un ia vie sa?" [Tell me how am I going to get peace of mind? I prefer to die. Is this a way to live?]

(4)

Male informant, aged 54 - 59, can't work because of partial blindness. Still waiting for lump sum from employers and disability pension since '91. Has to rely on wife's earnings. He says: "La vie la un ia vie li chien pou dimoune misere. Pas ena personne pou aide ou ici". [It's a dog's life for the poor. There's nobody to offer a helping hand].

(5)

A male, aged 36 - 41, suffers from industrial injuries. Both legs are paralysed and is house-bound. There is no treatment. No pension. He is dependent on his ageing parents' pensions and help from relatives and friends to live. He is acutely depressed. Has lost the will to live. Crying like a child, he says: Bon dieu si pas ie prend

moi. Combien fois mo finne rode jette mo le corp dans cascade. Mais mo pas ena courage pou faire li. Pas ena la vie pou moi". [Even God is refusing to help me. I've made several attempted suicides in the river, but I could not kill myself. There's no life for me].

(6)

Male respondent, aged 54 - 59, severely handicapped with poliomyelitis and blood disorder. Finds pension inadequate. Puts his problems thus: "La sante finne fini. Mo tension fort. Mo fatigue vite. L'argent un grand probleme. Zenfants pas travaille. Mo femme malade. La vie un grand martire. La vie li toujours plis difficile pour banne pauve couma nous". [I've no health. My blood pressure is high. I feel tired very quickly. The children are unemployed. My wife is ill. Life is a great suffering. Life is always hard for the poor like us].

(7)

Young mother-carer has 18 months old baby with severe heart problem. Condition becoming worse. Finds taking baby for hospital appointment too expensive and inconvenient. Has no advice or help from Welfare. She says: "Mo bonhomme gagne ti guitte l'argent. Transport l'hospital coute un quantite l'argent. L'hospital pas faire nenrien. Mo pas dormi asoir. Mo peur panga li mort". [My husband is on low wages. Fares are expensive to keep hospital appointments, although nothing is being done. I don't sleep at night in case she dies].

(8)

A male, aged between 54 - 59, is totally paralysed, lying on a dirty mattress on the rough floor of a furnace-like and airless shed, built of corrugated iron sheets, attached to the extreme rear part of the main concrete house. Crying, he told me that life had become very difficult since he had a stroke on 11.3.91. "Plito mort meme" [I prefer to die rather than living such a miserable life], he repeated. Unable to go to toilet, he relieves himself and passes urine in lying position. He depends on his reluctant wife and other members of his family to attend on him. Distrustful of hospital treatment, he says that he has borrowed thousands of rupees and spent on private medicine, but to no avail.

(9)

Male respondent, aged 48 - 53, born with one leg and in poor health. Can't work. Finds pension inadequate and death more preferable to life. He puts it thus: "Mo femme bizin soigne moi. Mo depend lor li si mo bizin un casse pou boire un ti grogue. La guerre leve. Mo pas capave faire nenrien pou mo zenfants. Mais qui mo pou faire? Mo bizin charie mo la croix". [I've to rely on my wife to live. If I need some money for a drink, we quarrel. I can't do anything to help my children. But what can I do? I've to bear my cross].

(10)

Sister-in-law looks after mentally handicapped brother-in-law, aged 42 - 47. Finds the pension inadequate to support

him. Feels can't cope with husband's low income and her own responsibilities. Feels government is not helping and is not doing Welfare Dept.'s job. One puts it thus: "So morale finne gate. Li pas comprend di tout. Li pas ena personne. Si mo mort, mo pas connais qui pou arrive li? Apard sa ti pension la, pas gagne aucun aide avec gouvernement". [He is mentally ill. He doesn't understand anything. He has nobody. If I died, what would happen? Apart from the meagre pension, there is no government support].

(11)

Male respondent, aged 60 - 65, suffering from debilitating muscular disease for past 8 years. Has also high blood pressure. Pension inadequate. Relies on wife. Has given up. He says: "Pas ena courage dans deux li peds la. Mo la vie finne fini long temp meme. La vie finne vinne bien bien difficile. Astere la mo pe espere la mort". [There is no strength in the legs. My life has ended long ago. Life has become extremely difficult. I'm now waiting for death].

(12)

Male respondent, aged 42 - 47. Victim of poliomyelitis and in deteriorating health, house-bound, and lonely. Very depressed. Crying during interview: "Mo malade depi long temp. Mo bien bien tout seul. Qui faire Bon Dieu pas prend moi? Zenfants? Sa un grand probleme sa. Zenfants guette pou zotte meme jordi jour". [I've been ill for a long time. I'm very lonely. Why God is not taking my life? Children? They're a major problem. Nowadays children think of

themselves first].

(13)

Severely disabled 15 years old girl. Can't speak, can't walk, doubly incontinent, and no treatment. Rented shack leaks like a 'basket'. Mother-carer's husband on low wages. Carer is on verge of mental breakdown. She says: "Nous ena boucoup difficulte mo dire ou. Ena de fois mo envie alle jette mo le corp". [We've many problems. Sometimes I want to commit suicide].

(14)

Carer is fed up looking after 83 years old mother-in-law, who is ill and weighs only a few stones. Is incapable of walking because of weakness. Dreads hospital's treatment and does not want to go there. Referring to mother-in-law, carer impatiently says: "So la tête finne allé. Combien temp mo capave soigne li? Apard sa ti pension la, pas gagne aucun aide gouvernement. Un jour mo pou quitte la cage mo pou alle moi". [She is mad. How long can I look after her? Apart from the small pension, there is no government help. One day I'll leave the house and go].

(15)

Mother-carer, aged 60 - 65, partially deaf, has severe speech impediment, caring for 22 years old mentally ill son, who is violent. Don't know who to approach to get son a pension. She puts her problems thus: "Mo garçon fou. Li pas gagne l'argent. Nous misere, missieur. Souvent nous dormi sans mangé. Mo finne vieux, missieur. Mo pas connais

qui mo pou faire". [My son is mad. He doesn't get any pension. We're poor, sir. We often go to bed without food. I'm old, sir. I don't know what to do to get help].

(16)

Young mother, aged 24 - 29, with 4 children going about half naked due to poverty. Don't go to school because can't afford to clothe them. She explains her problems thus: "Mo mari gagne ti guitte l'argent. Nous misère, missieur. Mo pas capave achete linge pou mo zenfants. La cage coulé couma un panier. Nous dormi un lor lotte couma cochon. 6 personne dormi dans sa la chambre la". [My husband's income is low. We're poor, sir. This house leaks like a basket. We sleep on top of each other like pigs. Six persons occupy this room].

(17)

The sister-carer, who has her own children and husband is on low wages, looks after a younger sister. She is mental illness and has severe behaviour problems and has tried to set the house on fire several times. Doesn't want to be sent to mental hospital. Complains of no advice or support and the pension is inadequate. She says: "Mo condamné avec mo soeur. Ta lère moi aussi mo pou vinne folle couma mo soeur". [I feel imprisoned with my sister. Soon I too may become (mentally handicapped) like my sister].

(18)

Mother-carer of 40 years old daughter, handicapped by poliomyelitis and mental problem, complains of inadequate

pension for disabled daughter and no encouragement from Welfare Dept. She asks: "Un dimoune capave vive avec 480 roupies? Si mo pas ti bizin guette li, mo ti capave alle travaille. Dimoune couma nous bizin encouragement si". [Can a person live with Rs.480? If I did not have to look after her, I could have taken up a job. Those with disabled people to care for also need government support].

(19)

A male informant, aged between 60 - 65, with one leg amputated following injuries at work and the second leg amputated after injuries sustained during treatment at the hospital. He came from the island of Rodrigues, a dependency of Mauritius. He lives in a shack, built of paraffin tins, consisting of two tiny rooms, with a few items of furniture. With considerable difficulty, he manoeuvres his old wheel-chair, which was falling apart, donated by the Red Cross three years after his amputation, to show me the interior part of his house. He says that it leaks like a basket, which is not an exaggeration as the sky is clearly visible at several places in the roof. He is very depressed. He cries and says: 'Misseieur, mo couma un prisonier dans sa calesse la. Mo finne condanne la dans. Reste en place meme. Personne pas ana pitie. avec ou'. [Sir, I'm like a prisoner in this wheelchair. I'm imprisoned in it. I can't move. Nobody has compassion for me].

(20)

Mother-carer, aged 78 - 83, going blind and can hardly

stand on her feet, is taking care of 50 years old mentally and physically disabled daughter. Her stone house on the seaside is falling apart. She says: "Mo meme mo pe mort. Mais mo bizin guette mo tiri. Perna personne pou guette li. Li gagne malade Bon Dieu. Mo ena un traca encore. Mo ti zenfant prend la drogue. Nous peur li couma un diabe". [I myself am dying. But I've to look after my daughter. There is nobody to take care of her. She suffers from God's illness (mental illness). I've another worry. My grandson is a drug addict. We're afraid of him like a devil].

(21)

Male respondent, aged 60 - 65, paralysed a few years ago, following a stroke. Lying on the mattress on the rough floor of an extension at the back of the house, he is acutely depressed and crying. The extension, built of corrugated iron sheets, is airless, not like a turnace, and is infested with flies as a result of stench of faeces and urine. He says with tears in his eyes: "Mo couma un prisonier. Mo pas ena personne pou guette moi. Zenfants pas prend moi conte. Plito mort meme". [I'm like a prisoner. I've nobody to care for me. The children have rejected me. I would prefer to die].

(22)

Young man, aged 24 - 29, has become disabled as a result of industrial injuries and has been waiting for a pension. He says he feels very bad as he has to rely on his ageing mother's pension to live: "Ou connait couma mo senti

embarrasse? Dimoune dire qui mo pe boire di sans mo vieux mama. Gouvernement la bizin ena pitie. Personne pas le prend responsabilité. Mo dire rancement ena des fois mo le alle zette mo le corp par la". [Do you know how embarrassed I feel to live on my ageing mother's pension? Neighbours say I'm sucking my mother's blood. This government ought to have some compassion for me. Nobody wants to accept responsibility. I tell you frankly sometimes I want to kill myself somewhere].

(23)

Female respondent, aged 54 - 59, with mental problem. Has spent many years in mental hospital. She puts her difficulties thus: "Mo isole, missieur. Dimoune eloigne moi a cause mo ti dans l'hospital mentale. Ou trouve moi folle ou, missieur? Ena de fois mo dire plito mort meme. Mais mo ena un zenfant 10 ans. Li bizin moi". [I feel isolated, sir. Neighbours don't talk to me because I was once a mental patient. Am I mad, sir? Sometimes I want to die. But my ten years child needs me].

(24)

Lonely male respondent, aged 66 - 71, has gone blind. He says: "Mo tout seule dans le monde. Zentrants jordi guette zotte prope diabe ena le coeur pou guette ou mort sans mange". [I feel alone in the world. Today's children look after their own interests. They even have the courage to watch you starving to death].

(25)

Male respondent, aged 54 - 59, is wheelchair-bound, following amputation of legs as a result of gangrene induced by diabetes. A very articulate man, but feels bitter and depressed. Like many others, he says he feels emotional and happy for being visited by me and asked questions pertinent to his difficulties for the first time. He expresses his problems thus: "Mo finne condanne dans sa calesse la pou la vie. Mo vive couma un dernier charitable. Quand ou handicape, ou perdi tout ou respe. Ou prope dimoune dans la cage rejette ou". [I've been imprisoned in this wheelchair for life. I now lead a most wretched life. When you're disabled, you also lose your dignity and respect. You're then even disowned by your immediate family].

DISTRICT OF FLACQ

(26)

The mother-carer has a 28 year old daughter, with severe mental problem, deformed feet, hands, and eyes. To stop herself from falling, she holds on to walls, trees, or any other objects that she can find. The carer shows me the scars on her daughter's feet and hands, resulting from falling. The girl is not only partially deaf, but she also has severe speech impediment. Her difficulties are multiple. The carer says that she used to take her to mental hospital for treatment in the past, but, having seen no progress in her mental health, she has stopped taking her there. She feels that her daughter will be happier in a 'couvent', Home, but the latter vigorously shaking her head disagreeing with her mother. She looks scared and worried. The mother also finds herself in a dilemma about placing the girl in a Home: "Dimoune pou rire nous" [The community will speak ill of us]. Nevertheless she confesses that her disabled daughter stigmatizes the whole family: "A cause li meme le zotte zenfants pas gagne bon mariage" [Because of her the other children do not get suitable marriage proposals].

(27)

Mentally and physically handicapped orphan, aged 18 - 23, reluctantly cared for by aunt. He looks undernourished and neglected. The carer says: "Personne pas le guette li. Dimoune qui pou dire? Mo bizin guette li. Li un 'pagla' sa. Gouvernement bizin guette li. Mo ena mo zenfants pou occupe". [Nobody wants him. What will the community say?

I've to look after him. He is mad. As such the government should take care of him. I've my own children to take care of].

(28)

The father-carer, who is in his 70s and who looks frail and ill, introduces me to his 38 years old son. He is lying on a sugar sack covered mattress, with still undried patches of urine and faeces, under an airless, low-ceiling shack built of corrugated iron sheets. The heat renders the stench almost unbearable. Flies are almost everywhere on the mattress and on him. He says: "A la li la [Here he is]". He is mentally and physically severely handicapped. His brown eyes stare at me sadly and perhaps also wonderingly from their deep sockets. His legs and hands are like small sticks. He may be no more than the weight of a small child of five or six years old. The carer explains: "Li faire tout lor lili meme. Li pas capave cauge. Li pas capave dire quand li pou kaka quand li pou pisse. Mo meme mo baigne li. Mo meme mo faire li mangé". [He does everything in bed itself. He can't tell when he wants to relieve himself of faeces or urine, because he can't speak. I myself bath him and feed him]. He complains that his other children have gone, leaving his disabled son with him and his wife. He sees today's children as selfish and unreliable. He also confesses that he is concerned of the stigma of having a handicapped person in his family: "Dimoune cause nous qui nous un famille qui ena un handicapé. Ah Bon Dieu, qui pèche qui nous finne faire? (He is crying). [People in the community look down on us because we have a disabled son.

Oh, God, what sin have I committed?] If I die, who will care for my sick son? he asks me. He adds: "Sa meme mo plis grand traca [This is my greatest worry]".

(29)

"Finne gagne 8 ans mo femme coumsa la. So la sante pe pli tombè jour en jour. A cause li mo pas capave travailie". Thus the husband-carer, a fisherman, explains his problems about his disabled wife: [It's five years since my wife is paralysed. Her health is getting worse day by day. Because of her I can't work]. The wife is paralysed following a stroke. There has been no physiotnerapy since her discharge from hospital. The husband periodically picks up the medications prescribed a few years ago from the hospital. The respondent adds: "Mo capave dire qui astere la mo finne vinne bien misere [Now I can say that I've become very poor]". Sitting on the verandan in this fishermen's village, the woman, who is unable to speak, tells me with tears most eloquently about her painful feeling. At the end of the interview, the respondent says: "Nous la vie heureuse finne fini depi malade mo femme [Our happy days have gone since my wife's illness]".

(30)

The mother-carer shows me her four-year old son with one disabled foot. He can't walk. His mother explains that she took him to hospital when she realized that her son had a disabled foot, but the doctor said: "Pas tracase. Li pou bien plitar". [Don't worry. He will be alright later on]. The mother says that she is very worried, as the boy cannot

walk and has to be watched and carried most of the time. Because of the boy's condition, she says, she can't go to work. She is worried for the boy's future for these reasons: "Li un garçon. Li bizin travallie. Si li ti un tiffi, mo pas ti pou tracasse autant. Qui manniere li pou gagne so la vie?" [He is a boy. He has to work. If he were a girl, I would have not been so concerned. How is he going to earn his livelihood?] The carer admits that she has been given appointments for treatment at the nospital, but she can't afford the fares. She also complains that she is not getting any support from the Welfare Department: "Personne pas donne ou un l'idè couma pou debrouille avec li [No one gives you advice how to cope with him]".

(31)

Carer's 34 years old daughter is mentally handicapped. Also has severely deformed hands and feet, apart from being dumb. The carer cries and says: "Li finne ne coumsa. Ah Bon Dieu, qui pesse mo finne faire?" [She was born like this. Oh God, what sins have I committed?] The handicapped daughter, the carer adds, stigmatizes the whole family. She continues: "Li bizin alle dans un couvent. A cause li mo banne tiffi pas gagne mariage. Dimoune peur pou mariè dans un la cage cotte ena dimoune handicapé". [She must go into a Home. Because of her my other daughters can't get marriage proposals. People are afraid of marrying in a house where there is a disabled person].

(32)

The mother-carer, who is in her 60s and looking unwell as a

result of diabetes, responds that her greatest worry is her twenty-five year old daughter, a pretty Indian girl. She is mentally handicapped and also walks with some difficulty. She is partially deaf and has severe speech impediment. She has been provided with hearing aids, but they lie hanging round her neck. The carer says that her daughter has headache when she wears them. In response to my question whether she has seen the doctor about the problems caused by the hearing aids, she answered in the negative: 'Sa perdi le temp sa [it's a waste of time]'. The respondent also says that she has discontinued mental hospital treatment for the same reason. Answering my question whether the hospital or the Welfare Department has come to ask her why she has stopped the treatment or what support will be helpful to her daughter, the carer says angrily: "Qui sanla prend ou conte ici? Ou même premier dimoune premier fois finne rente dans mo problèmes" [Who takes notice of you here? You are the first person who has taken an interest in my problems]. At the end of the interview the carer wants me to know that: "Li finne vinne folle. Li un pois pou famille". [She has become mad. Therefore, she is an embarrassment to the family].

(33)

Male informant, aged 54 - 59, is paralysed following a stroke. Has limited mobility. Is very depressed and tends to spend most time in bed, staring vaguely in the room and is in a state of despair. He says: "Mo ti un dimoune bien. Astèrela mo pas capave faire nenrien. Mo pas connais qui mo pou faire avec mo la vie". [I was a very fit person. Now I'm

helpless. I don't know what to do with my life]. He has discontinued hospital treatment because he can't travel by public transport. He also adds: "Perdi le temp sa [It's a waste of time]". About private treatment, he says: "Docteur prive finne poire mo di sans, mais zotte pas finne faire moi bien [Private doctors have sucked my blood (cheated me of all my money), but I'm still ill]].

(34)

The carer is an Indian woman who is in her 30s, but, battered by hard work and poverty, looks much older. She has just returned from work in the sugar field. She is still in her working clothes. Introducing me to her fifteen years old daughter, lying on a bed, in a windowless, dark room of thatched house, she says: "Mo misere, missieur. Mo bizin quitte li tout seule pou alle travaille". [I'm poor, sir. I've to leave her unattended to go to work]. The girl is physically and mentally handicapped. She is lying in bed with her head and face wrapped up with a piece of cloth. Her mother says that she can't walk. She is also doubly incontinent, which tends to make the smell in the dark and airless room not only unbearable, but also unhealthy. It is fairly clear that the mother, having just returned from work, has had no time to tidy the place before the interview: "Mo même mo faire tout pou li. Lere mo sorti travaille, mo baigne li, mo change so linge, mo range so lili, lere la mo faire li manger". [I myself take care of her. When I return from work, I bath her, change her clothes, make her bed, and feed her]. The carer informs me that she used to take her to mental hospital in

the past, but, having seen her daughter's mental and physical conditions worsened, she has stopped all treatment. However, she says, she goes to temples and churches whenever she can and makes vows for her daughter's recovery. At the same time she believes that she is only being punished for her sins in previous births: "Ici meme bizin peye pou tout pêché". In response to my question whether she takes the girl outside in the sun now and then, she answers me in the negative for this reason: "Si mo tire li, dimoune geutte même couma un mirac. Lote dimande ou tout qalite questions". [If you take her out, people stare at her like a miracle. They ask you all sorts of embarrassing questions]. She complains that she receives only Rs.40 for her disabled daughter and nothing else. This respondent concludes her responses to the interview with this truism: "Malheureux la même passe pli boucoup misere, missieur. [It is the poor who suffer the most]".

(35)

Widow daughter, aged 48 - 53, bed-bound as a result of an amputated leg, is being looked after by elderly sick mother. She cries and explains her problems: "Mo li pied ti gagne la cangrin. Docteur jamais finne dire moi qui mo gagne diabete. Cinq fois mo finne faire l'operation. Chaque fois docteur la coupe un ti boutte mo li pied. Sa montre ou couma l'hospital perna traitement". [My foot contracted gangrene. Doctors had never told me that I had diabetes. They operated five times on my leg, cutting a little bit each time. This shows you how bad is hospital treatment]. The carer's greatest concern is who will look after her disabled daughter, when she dies:

"Si mo mort, qui sanla pou guette mo tiffi?" The respondent adds that she has not been given crutches or wheelchair. Therefore, she says she has to remain in bed. She also complains that she has not been contacted by the hospital for about two years since her discharge.

(36)

"Si un grand tiffi pas rinne marie, sa un plis grand traca pou mama papa. Les autes zentrants pas gagne mariage dans bon la cage". [If a girl of marriageable age remains unmarried, it's a major worry for the parents. Then the chances of the other children to get good marriage proposals are bleak]. The mother-carer, who is in her 60s and suffers from angina, adds that their prospects become more difficult, if there's a mad girl in the family. Introducing me to her daughter, a pretty 23-year old Indian girl, who looks disturb and worried, the carer says that she suffers from mental illness, for which she collects medication for her every six months from the mental hospital. She traces the origin of her illness in having bouts of epileptic fits in early childhood. She says that her daughter is violent and requires so much attention that she finds it increasingly difficult to cope with her. She complains that she does not get any support from the members of her family. Her greatest concern is: "Qui pou arrive li un coup si mo mort? Lere la li bizin alle dans un couvent (the girl, looking anxious and upset, indicates "No" to the last sentence). [What will happen to her, if I die suddenly? She would have to go into a Home].

(37)

The 10 years old boy, looking like a 5 year old, is lying in a cot, crippled by mental illness and physical disabilities. To prevent him from biting his hands and feet, they have been wrapped up with bits of dirty rags. He is doubly incontinent. The shed-like room, built of corrugated iron sheets, is clean and floor shining, but the stench of faeces and urine is almost unbearable. Asking the mother-carer her difficulties, she says without the slightest hesitation: "Ta lere li pou mort sa. Li pe passe misere pou nenrien. A cause li mo pas capave aile travaille". [He will soon die. He is suffering for nothing. I can't go to work because of him]. There's no medication. He has never been seen by someone from the Welfare Department. The carer says she receives a small pension for him, but would prefer a Home for him, which, she complains she can't find.

(38)

The father-carer asks me: "Perna un place pou garde zenfant couma li? [Is there a Home where children like him can live?"] Standing under the verandah of a busy rum shop in the early afternoon, the carer, an ageing man made so perhaps by overwork and poverty, says she is very worried about his son, a diminutive 23-year old man, wearing a pair of shorts and vest, which are dirty and torn, staring frighteningly at his father, who says: "So la tête pas bon. Li gagne malade Bon Dieu. Li donne moin beaucoup traca. Ena des fois li quitte la cage li aile pou deux trois jours. Nous pas connais si pas li finne mort si pas li vive". [His head is not good. He has God's illness. He gives me a lot of

worry. Sometimes he leaves home for two or three days. We don't know whether he is dead or alive]. The father complains that his son can't keep to any job and rebukes him for abandoning the most recent apprenticeship he arranged for him with a lot of trouble with a joinery workshop. He add: "Li vang vang meme. So ia vie pou tinni coumsa meme sa. A cause li mo pas capave alle travaille. Bizin guette li meme". [He simply wanders about. His life is likely to end like this. It's because of him I can't go to work. I've to supervise him all the time]. His greatest concern is that : "A cause li dimoune dire nous un famille fou [Because of him people think that we are all mad".]

(39)

The 27 years old daughter is mentally handicapped and has severe behaviour problems, which often result in violence. The mother-carer, who suffers from angina and deteriorating health, complains: "Souvent li batte moi. Mo meme mo malade. Mo pas capave controle li. Ou comme un couvent cotte nous capave mette li?" [She often hits me. I'm a sick person. I can't look after her. Do you know a home which will admit her?] The carer blames her for the failure of her other children not to have marriage proposals. She seems to have become the scapegoat for any difficulties encountered by this family. The carer says: "Li un zenfant moffine [She is a bad luck child]".

(40)

"Mo bien bien tracassé pou so lavenir. Li pas cause. So figure pas normale. Un docteur dire li gagne malade ie

coeur. Laute docteur dire non'. I'm very very worried for his future. He can't speak. His face is deformed. One doctor says that he has cardiac problem, whilst another doctor disagrees]. The mother-carer, a young woman of above average intelligence and self-confidence in the working class, introduces me to the boy. He is tiny for an eight year old. His face is severely distorted on one side. As a result, the carer says, she has stopped him from going to school, where his mother adds: "Zenfants faire so la vie un martire. Zotte rire li. Zotte boufonne li. Zotte crie li tout qualite nom. Zotte appele li 'Figure Zaco'. Zotte appele li 'Cojimodo'. [School children made his life a misery. They ridiculed him. They mocked him. They called him all sorts of name. They called him 'Monkey face'. They called him 'Cojimodo']. About the hospital doctors' contradictory opinions about operating on the boy's face in order to improve his looks, the carer sees this as a sign of getting some money from her: "Mo pense li pe rode un ti pitai [I think he (the doctor) is looking for some money prior to the operation"]. The boy's mother also complains that she can't take the boy out because people look at him as a miracle. She says: "Mo dire ou mo pas connais qui mo pou faire avec li. Mo ena boucoup traca". [I tell you I don't know what to do with him. I have a lot of worries].

(41)

According to the sister-carer, her 28 years old brother, who is mentally handicapped, behaves like a small child. He wets and soils his clothes, the sister complains. One says she

has to do everthing for him, such as washing him, changing his clothes, feeding him, and taking him for his injection. She bitterly complains: "A cause li mo pas finne mariè. Mo mama finne vieux. Perna personne pou guette li". [Because of him I've not got married. My mother is old. There is nobody to look after him].

(42)

The mother-carer, introducing me to her severely mentally and physically handicapped 19-year old son, strapped in the wheel-chair in a room at the back of the house, says: "Tout nous finne faire pou faire li bien. Nous finne prie saints. Nous finne faire combien promesse. Nous rinne amene li cotte docteurs. Nous finne amene li cotte traiteurs. Mais li pareille même". [We've done everything for him in order that he can enjoy good health. We've offered prayers to the saints. We've made many vows. We've taken him to doctors. We've taken him to sorcerers. But there has been no change]. The carer, a middle-class Indian woman, complains that she can't lift her son so as to wash and clean him because he is too heavy. She explains that her husband cleans the boy and puts him in the wheel-chair before he goes to work. He remains there until his father returns from his government job at 4 p.m. The only care she can provide to her son during the long day is to feed him. The carer and her family are being stigmatized: "Famille même finne éloigne nous acause li. Etrange plus pire. Couma dire li finne gagne colera, un malade trappé". [Even the relatives are keeping away because of him. Outsiders are worse. As if he has contracted cholera, an infectious

disease]. The carer is concerned of the care of her son in and when she dies. However, she says: "Nous content il reste avec nous meme [We would like him to remain with us] .

(43)

Female respondent, aged 54-59, had a stroke 7 years ago and her general health condition is fast deteriorating since. Can't move without help. Completely dependent on others to live. Can speak with difficulties. Crying, she says: "Mo finne rese un semaine l'hospital. L'hospital pas finne faire nenrien. Si pas ti ena mo tiffi, mo pas cannais qui mo ti pou faire. Mo dire mo tiffi donne moi un poison. Lesse mo mort. Li pas oule. Qui pou faire avec un la vie coumsa?" [I stayed for one week at the hospital, but nothing was done to improve my health. I don't know what would happen to me without my daughter's help. I've asked my daughter to give me a poison, but she won't let me die. Of what use is this life?]

(44)

"Mo meme mo bizin guette li. Mo le marie. Mo finne gagne demane. Sa peu faire un paque conflict dans la cage. Mo pas connais qui mo pou faire. Mo fatigue moralement". [I myself have to look after her. I want to get married, but it's causing a lot of conflict at home. I don't know what to do. I'm morally exhausted]. The sister-carer, introducing her sister, a 37-year old woman, with Down's syndrome, explains that she is finding looking after her is becoming an increasingly burden on her and has adverse on her future. She says is not prepared to go on looking after her:

"Combien temp mo capave guette li? Mo peu vinne vieux. Mo bizin commence pense mo la venir". [How long can I look after her? I'm getting old (she is in late 20s). I've got to think about my own future]. The sister-carer, a reasonably well educated and pretty Creole woman, says that her sister suffers from epileptic fits and is an out-patient at the mental hospital. Her greatest worry is that her sister tends to wander about and often cannot retrace her way back home. She says that the medication makes her sister sleep a lot, when she feels less worried and can have some rest. When she is not asleep, the carer says: "La vie la un martire avec li [Life becomes a punishment with her]". She protests that she does not get any support: "Lere li perdi mo meme bizin alle rode li. So medicament mo meme bizin alle cnerche. Mo meme bizin amene li cotte docteur. Mo meme bizin faire tout pou li. Mo fatigüe mentalement". [When she is lost wandering about, I myself have to look for her. I myself have to collect her medication. I myself have to take her to the doctor. I am expected to do everything for her. I am mentally exhausted].

(45)

An 8 year old boy, looking like 4 years old, is tied inside a cot. His hands and feet are wrapped with pieces of rags so as to prevent him from biting them. The carer says she has to tie him in order to stop him from hitting his head against the cot. His mental and physical disabilities are severe. He is doubly incontinent and left naked in the cot so as to reduce the burden of washing clothes. Asked of her difficulties, the depressed mother-carer

respondents: "Mo trop fatigue. Mo pas capave quitte li pou sorti. Personne pas le prend li. Couvent dire zotte pas capave guette li. Qui mo pou saire? Mo bizin charrie mo la croix". [I'm too exhausted. I can't leave him to go out. Nobody wants him. The nuns in the convent say they can't look after him. What can I do? I've to bear my cross].

(46)

A very bright young mother-carer is upset while trying to explain her difficulties. Discussing her lovely 7 years old daughter, with severe mental and physical disabilities, she says: "Negligence docteurs l'hospital finne faire mo tiffi coumsa. Zotte pas finne faire zotte travaille bien pendant la couchement. Jamais mo pas pou pardonne zotte pou sa". [It was the negligence of hospital doctors which has made my daughter like this. They did not carry out their work competently during child-birth. I shall never forgive them for this. Feeling more upset, she continues: "Asterela tout blame moi. Zotte dire a cause moi li finne ne coumsa". [Now all the families put the blame on me. They say I was responsible for my daughter's disabilities]. Male respondent, aged 48-53, is disabled by diabetes, high blood pressure, and general deterioration of health. He feels very depressed, isolated, and irritated about little things. The wife-carer is at the end of her tether looking after him. She openly says in front of her husband: "Li bien malade. So la tête pe aille. Li pou mort sa. Mo pense si li mort nous pou gagne la paix". [He is very ill. He is also getting confused. He is going to die. I'm hopeful that when he dies we'll have peace of mind]. The informant accuses the family

of being uncaring. The carer feels she is doing her best. But she finds taking him to hospital is a waste of time. She can't afford to take him to a private doctor. However, she adds, she has taken many vows for the restoration of her husband's health: "Mo pe faire boucoup promesse pou li bien".

(48)

The 25 years old son has both legs amputated following a road accident. He has become very depressed since. He won't talk. His mother-carer says: "Depi so li peds finne coupe, so la tête si finne commence aile [since his legs has lost his legs, he has developed mental problems]". The carer cries and wonders what will happen to her son when she dies and there is nobody to take care of him: "Qui pou arive li, si mo mort?" She says she has been trying to seek welfare support through politicians but can't gain access to them. She complains: "Jiste le temp election qui ou trouve zotte. Couma zotte gagne ou vote zotte finne fini avec ou zotte". [Only before the election you can see them. Once you've voted for them, you're of no interest to them].

(49)

The 40 years old woman is mentally handicapped and suffers from serious depression as a result of severe burns received during cooking. Very poor and lives in a shack, which is falling apart. Husband-carer appears mentally retarded. He explains his problems thus: "Mo femme malade. Li finne folle. Le temp pe cui douri li finne brille. Li jiste dormi même. Mo bizin guette li. Sans sa li pou mort". [My wife is

ill. She is mad. She was injured by fire while cooking rice. She always sleeps. I've to take care of her; otherwise she'll die]. He says she has not been seen by a doctor for a long time. He periodically collects her medication from the mental hospital. The only welfare support she receives is a pension.

(50)

The 35 years old sister is mentally handicapped. The medication prescribed by the mental hospital makes her sleep. The sister-carer complains: "Li paresse. Li dormi mème. Mo bizin faire tout pou li". [She is lazy. She sleeps all the time. I've to do everything for her]. The carer says she has her own children to take care of. She wants her to go into a Home, but she refuses. She adds: "Mo couma un prisonie arii. Mo couma un esclave. Lwa de fois mo le quite la cage alle". [I'm like a prisoner with her. I'm like a slave for her. Sometimes I want to leave the house and go somewhere else].

DISTRICT OF GRAND PORT

(51)

The 33 years old girl is mentally handicapped and has distorted feet. Has limited mobility and dependent on others to live. Father-carer says: "Li ena traitement l'hospital mentale. So la sante pe tombe meme. Li couma un ti baba. Bizin faire tout pou li". [She is an out-patient at mental hospital. Her health is deteriorating. She is like a little baby. I've to do everything for her] The carer also complains that the pension money is not enough even to buy medication. He continues: "Jordi jour pas capave depend lor freres soeurs. Chacun guette zotte prope zaffaire". [Nowadays one cannot rely on brothers and sisters for support. Everyone minds his own business]. The old man bursts out crying and asks: "Si mo mort, qui sanla pou guette li? Lere la li bizin alie dans couvent". [If I died, who will take care of her? She will then have to go into a Home].

(52)

The 33 years old son has severe mental illness and is violent. He breaks furniture and hits anyone within his range when he is psychotic. Father-carer complains: "Lere li malade, la police refuse pou amene li l'hospital mental. Zotte dire li trop britte. Si zotte pas capave aide nous, qui sanla pou aide nous?" [When he is psychotic, the police refuse to take him to mental hospital, arguing that he is too violent. If they can't help us, who will?] He adds: "Ena un lotte probleme encore. quand li dans l'hospital mental, bizin donne un ti l'argent un patient cequi un bien, pou

occupe li. Bizin donne sa nurse la si un ti gousse. Sans sa zotte pas pou prend li conte. [Inere is another difficulty. When he is in mental hospital, I've to give some money to a less ill patient to look after him. The nurse also has to be given a bribe. Otherwise he won't get any care]. The mother adds: "A cause li, dimoune pas rode marie nous zenfants [Because of him, no family wants to marry our children]".

(53)

The 25 years old son is mentally handicapped and has a deformed arm. The widow mother-carer explains her problems thus: "Li meme mo pii grand traca lor la terre. Li pas capave pensé. Li pas capave concentre. Si mo quitte li dehor la, li pas pou connais couma pou retourne la cage". [He is my greatest worry on earth. He can't think. He can't concentrate. If I left him outside, he would not know how to return home]. The carer adds that she has to do everything for him, such as feeding him, bathing him, and changing his clothes. She also says that if she does not take him to the toilet, he will wet and soil his trousers. She complains that there are no facilities for people like her son: "Perna nenrien pou banne dimoune handicapé ici".

(54)

The carer's 44 years old brother is deaf and dumb, apart from having some drink problem. The carer puts her problems thus: "Pas ena mama papa. Li lor mo charge meme. Li donne moi boucoup traca". [We're orphans. He is under my responsibility. He gives me a lot of trouble]. The carer-sister cries and appears desperate for help: "Mo pas

connais qui pou faire ar li. Mo meme mo ena mo prope traca. Tout le jour mo mari la guerre armoi a cause li". [I don't know what to do with him. I've my own difficulties. Every day my husband quarrels with me because of him]. The sister says her brother was in a Home, but did not like it there. She adds: "Mo frere sa, mo prope di sans. Qui mo pou faire? Mo bizin guette li tanque mo capave". [He is my brother, my flesh and blood. What can I do? I've to look after him so long as I can].

(55)

"A la li la", the husband-carer introduces me to his wife, who is curled up, hardly a few stones, emaciated, and almost lost on the mattress. The 70 years old carer says: "Depis longtemps li pas capave marche (1986). Li reste lor lili meme. Li faire tout lor lili: ti tour grand tout". [It's a long time since she can't walk (1986). She remains in bed. She does everything in bed itself: urinates and defecates. He adds: "I myself give her her bath. I feed her. I myself look after her. He complains: "Mo pas gagne aucun aide [I don't get any help]".

(56)

The 28 years old daughter spends almost all her time in bed, sleeping. She suffers from mental illness and appears to be on a heavy dosage of medication. The mother-carer has a number of worries: "Li bien mauvais. Li batè. Li crage tout dans la cage". [She is violent. She hits us and breaks everything in the house]. The carer complains that although her daughter is an out-patient at the mental hospital, her

behaviour is getting worse. She cries and explains how she has been trying to find a cure for her daughter: "Combien mo finne prie. Dans l'eglise chrétien mo finne prie. Dans l'eglise Indien mo finne prie. Dans mosquée si mo finne prie. Combien promesse mo finne faire. Mais li pas finne rien meme". [I've prayed a lot. I've prayed in the Hindu temple, in the church, and even in the mosque. I've also made many vows. But she is still sick]. This daughter is regarded as a stigma on the family: "Dimoune pas le mariage nous zenfants a cause li. Zotte dire ena dimoune fou dans nous la cage". [Families do not want to marry our children because of her. They say there is a mad person in our family].

(57)

This respondent says: I've cardiac problem. I'm sick. I can't work. I don't get any help from the government. He adds: "Mo misere, monsieur. Mo zenfants pas guette moi. Mo frere finne mort dans affaire politique. Mo pas ena personne, monsieur". [I'm poor, sir. My children don't care for me. My brother has died in a political incident. I've nobody, sir". He believes that he does not receive welfare support because of racial discrimination in the welfare department: "Un la loi pou Indiens. Un la loi pou Creoles. Pas bizin monte lor montaigne pou trouve sa. Ena discrimination raciale. Il yere is one law for the Indians and one law for the Creoles. One does not need to climb on top of the mountain to see this. There is racial discrimination].

(58)

Male respondent, aged 60-65, has been paralysed as a result of a stroke suffered 5 years ago. He has become completely bed-ridden. He has been transferred from the main house, a large, beautiful concrete house, to an extension, built of corrugated iron sheets. He is lying on a mattress on the floor, with his dirty clothes, unshaved beard, and dishevelled hair, looking neglected. Although depressed, he is very articulate and expresses himself with strong emotions and feelings. He cries as he explains his difficulties: "Mo finne depense beaucoup d'argent. Mo ti reste dans clinique Darney. Pas finne guerri meme. Depi longtemps mo reste lor lii meme. Mo faire tout ici meme: ti tour grand tour tout". [I've spent a lot of money. I stayed in Darney's clinic. But I've not recovered. I've been in bed like this for a long time. I do everything in bed itself, like urinating and defecating]. He cries so bitterly that at times he finds it difficult to express himself: "Mo ti un dimoune bien independant. Plito mort meme". [I was a very independent person. This life is not worth living]. He adds: "Monsieur, rode un couvent pou moi [Sir, find a Home for me]".

(59)

The 9 years old boy, with feet like those of starving children in Ethiopia, bleeds easily and requires regular blood transfusion. He can't do much for himself. The carer says: "Docteurs finne dire moi so malade li vinne dans so di sang sa. Pas capave faire nerien pou li". [Doctors have said that his disease comes from a blood disorder. There is no

cure for him]. The carer complains: "Mo bizin veille li. Mo bizin faire tout pou li. So li pïeds couma un baton manioc. Mo pas gagne aucun aide gouvernement. [I've to watch him. I've to do everything for him. His feet are like the stems of manioc. I don't receive any help from the government]. The boy does not go to school. The carer is concerned about the boy's welfare in the future, when the family will not be able to help him.

(60)

The 31 years old son has lost a leg in a road accident. He has been feeling very depressed since. Elderly parents are very concerned. Mother-carer explains: "Depi so li pïed finne coupé, li jisse assige, li fime, li pense. Li pas cause avec personne. Li couma un dimoune rou". [Since the amputation of his leg, he has only been sitting, smoking, and thinking. He does not talk to anyone. He is like a mad person]. She cries and adds: "Li pas pou ena aucun la venir. Qui sanla pou marie un dimoune perna li pïed?" [He won't have any future. Who will marry someone with an amputated leg?] His father joins in: "So avoue so avocat finne trique li. Zotte finne prend presque tout so l'argent damage". [He has been cheated by his solicitor and barrister. They've taken almost all of his compensation]. The father says there was nobody to turn to for advice. He adds: "Gouvernement meme bizin aide nous. Ou pas pense zotte travaille sa? Le temp election zotte dire ou zotte pou aide". [The politicians themselves have to help us. Don't you think that it is their job to help us? At election time they promise that they will help if elected].

(61)

Male respondent, aged 36-41, has dislocated his shoulder at work and has not been able to work for the past 3 years. He has received some money as compensation from his employers. He has used part of it to build his house and some on private medical treatment. He has now been living on borrowed money to support his wife and child. Although he contributed towards National Insurance when he was working, the Social Security Officer has refused to sanction a pension until he produces receipts showing how he has spent his compensation money. It is an impossible task in the context of Mauritius. Although he has done a lot, but has failed to resolve his difficulties: 'Mo rinne guette mo Depité. Mo finne guette Ministe. Zotte dire zotte pou guette qui zotte capave faire. Finne gagne pils qui 2 ans Jusqua mo finne quette zotte. Jisqua Jordi pas rinne tende nerien avec zotte. Sa banne politiciens la. Couma zotte finne gagne election, zotte finne fin avec ou zotte'. [I've seen my Deputy and the Minister. They've promised that they would look into my case. It is more than 2 years since. But I've heard nothing from them. Those politicians have nothing to do with you once they've been elected]. He concludes: "Mo la tête pe alle. Mo ena femme zentant pou soigne. Mo ena dette. Tout mo l'argent rinne rini". [I'm losing my head. I've a wife and a child to look after. I'm in debt. I've no money].

(62)

Father in his 80s and mother in her late 70s, living in a shack built of corrugated iron sheets. The father lies in

bed at the extreme end of the house which is in darkness. He is covered with a blanket from head to foot and large tropical insects are crawling on him. The mother is mentally ill and is evoking the names of Hindu gods. The light is controlled by the carer-son, who lives with his family in a large concrete house a few feet behind his parents' shack. The carer complains: "Zotte meme mo piis grand traca. Mama finne vinne vieux. La tete rinne alie. Papa dormi meme. Personne pas vinne guette zotte. Nous tout travaille. Mais ta lère zotte pou mort meme la". [They're my greatest worry. Mother is old. She has become senile. Father sleeps all the time. Nobody (from the Welfare Department) visits them. We're all working. But they'll die soon].

(63)

Elderly mother, with severe mental health problem, is left to live in a shed without light. The stench of urine and faeces is unbearable. The carer-son, a prosperous-looking man, complains: "Mo mama rinne vinne vieux. Li donne moi un pacque traca". [My mother has become old. She gives me a lot of trouble. He agrees that his mother's care is far from satisfactory. He says he does not know what to do with her. To my suggestion of sending her into a Home, he says that there is no point as she will die soon: "Ta lère li pou mort mème". He adds: "Si nous envoie li dans un couvent, dimoune pou cause nous [If we sent her into a Home, the community would criticize us]".

(64)

A 17 year old girl, with severe mental illness, has her

hands and feet tied to the bed. She is lying in her own faeces and urine. The grand-mother carer, who is in her 80s and is diabetic, complains: "bizin attache li lor mii. Sans sa li faire boucoup desorde. Li casse tout dans la cage. Li batte moi". [She must be tied to the bed. Otherwise she will cause a lot of trouble. She will smash everything in the house. She will also beat me]. The carer says she has not been able to find a Home which will accept her. The old lady adds with a sense of resignation: "Qui mo pou faire? Mo bizin guette li jusqu'a mo mort. So mama un veuve. Li bizin aile travaille. [What can I do? I've to take care of her until I die. Her mother is a widow. She has to work].

(65)

This respondent, aged 42-47, has both legs amputated due gangrene. He is a victim of diabetes. He complains about the inadequacy of the pension. He has stopped his son from attending school because he needs to go to work so as to supplement the family's income. However, he says his main difficulties are: "Mo couma un prisonie dans la cage. Mo pas capave sorti. Mo pas connais combien le temp mo pas finne alle lor grande route. Mo pas connais couma mo pou explique mo souffrance la". [I'm like a prisoner at home. I can't go out. I can't remember how long I've not been to the High Road. I can't explain the extent of my suffering]. The other problem, he says, is that his artificial legs are too heavy to use. He seems to move about indoors by shuffling on his bottom. He concludes: "Mo finne desole avec la vie. Finne lere pou mort astere la". [I'm fed up with life. It's time to die].

(66)

The pretty 7 years old girl is dear and dumb and is also mentally handicapped. The carer says: "Li la guerre avec banne zenfants dans l'endroit. Banne voisins dire mo ena un mauvais mama". [She fights with children in the neighbourhood. As a consequence, neighbours accuse her of being a bad mother]. She adds that her daughter has been offered a place in the school for handicapped children, but there is no transport facility. The mother cries as she expresses her despair of her daughter's future: "Un seul tiffi mo ena, mais li ena problemes. Qui l'avenir li ena? Qui sanla pou marie li? Souvent mo pas dormi dans la nuit le temp mo pense tout sa la". [I only have one daughter, but she has disabilities. What future is there for her? Who will marry her? I often don't sleep at nights when I start thinking about all these].

(67)

The 7 years old son of a young couple has contracted a bone disease and can't find any cure. His father says he has spent a lot of money on private medicine, but to no avail. He says: "Premie zenfant, surtout un garçon, malade. Sa ti un socque pou nous. A cause li temp en temp nous discuté entre mari femme. Chacun blame so camarade a cause so malade. Mais sa capave vinne pli grave. Menage capave case". [First child, especially a boy, is sick. It was a great shock for us. As a result we quarrel from time to time, blaming each other for his illness. This can become more serious to the extent of damaging our marital relationship].

the carer says the boy has to be cared for like a little baby. However, he adds: "Astereis li pas un grand probleme, mais piltard nous pou senti li. Lia bon si li ana facilite pou zenfants couma li piltard". [At the moment he is not a major problem. But we're bound to feel it later. Therefore, it would be nice if there would be facilities for children like him later on].

(68)

Husband, following a stroke, has become paralysed and is bed-ridden. There is not much money coming in. The wife-carer says: "Nous arette zenfants zotte l'ecole pou zotte aile travaille. [We've stopped the children from going to school so that they can go to work]". She adds that they were once very comfortable and has become very poor since his illness. The carer complains: "Li mauvais depuis li finne malade. Li la guerre avec nous tous. Mo aussi pe malade avec sa banne traca la". [He has become aggressive his illness. He screams and shouts at all of us. I'm also feeling unwell with all these worries]. She also complains that there is no help and nobody in the government cares: "Personne dans sa gouvernement la pas interese".

(69)

The cousin-carer, a pensioner, is looking after her 72 years old male cousin. He is blind and has been thrown out from home by his children. The carer explains the problems: "So zenfants pas guette li di tout. Apres la mort so femme mo rinne ramasse li. Li pas capave faire nenrien. Mo meme mo faire tout pou li. Mo baigne li. Mo change so linge. Mo cui

so mangé. Mais mo pas gagne aucun aide". [His children don't care about him. After his wife's death, I took him in. He can't do anything. I do everything for him. I bathe him. I change his clothes. I cook his food. Nonetheless, I don't get any help]. Her greatest worry is: "Mo finne vinne vieux. Mo meme mo malade. Si mo mort, qui pou arive J?" [I'm old and sick. If I died, who would look after J?]

(70)

The carer introduces me to the boy: "A la li la [Here he is]". He is a 7 year old boy, diagnosed as having a hole in his heart, looking emaciated and ill, lying on the bed in a shack. The carer, an illiterate Creole woman, looking undernourished and anaemic, describes to me what she has done to restore her son's health: "Mo finne faire tout qualite promese pou li bien. Mo finne donne li la tizanne. Mo finne amene li cotte docteurs prive. Mo finne guette traiteurs. Mo finne faire combien promese dans l'eglise Indien, dans l'eglise Chretien. Mais li encore malade meme". [I've made all manners of vows for a cure for him. I've given him herbal medicine. I've taken him to private doctors. I've taken him to witch-doctors. I've made several vows in Indian temples and Christian churches. But he still remains ill]. She complains: "Mo pas capave quitte li un pouce. Mo bizin guette li couma un ti papa. Mo pas gagne aucun aide avec gouvernement". [I can't leave him alone. I've to care for him like a little baby. I receive no help from the government]. The carer has now resigned herself to the situation: "Mo mette tout dans la main Bon Dieu li entrust him to God".

(71)

A lonely widow, aged 66-71, who has 7 children, explains her difficulties as follows: Lontemp meme zotte finne quite moi tout seul zotte finne alle. Lentrants finne change astereia. Pou zotte meme pas assez. Zotte finne die cequi mama papa finne faire pou zotte. It's a long time since they've left me on my own. Today's children have become selfish. It's never enough for themselves. They're not particularly grateful for all what their parents have done for their well-being]. She is partially blind and suffers from rheumatism in the back. She can do very little for herself. She cries as she explains her difficulties: Lentrants pas prend moi conte. Mo la vie finne rini. Mo bizin beaucoup aide. Mais mo pas trouve li. [My children don't care about me. There's no more life for me. I need a lot of help, but nobody is interested].

(72)

A female victim of poliomyelitis, aged 30-35, has little mobility, but intellectually she is very able. She says she is very depressed. She has been trying to live independent of her parents, she adds, but can't get help to do so. She seems to be unhappy at home and this may be as a result of the stigma brought by her disabilities on the family. She says: Mo pas content depend lor mo famille. Si ou pas capave travaille, meme ou famille maltraite ou. [I don't like to be dependent on my parents. If you can't earn a living, even your own family don't want you]. She has been trying to get a job that she can do, but in vain. She

complains: "Personne pas pe donne moi un travaille cequi mo capave faire. Personne pas ena pitie". [No employer is offering me a job that I can do. People have no compassion].

(73)

Male respondent, aged 60-65, is bed-ridden, following a stroke a year ago. He has been transferred from the main house to an extension, built of corrugated iron sheets, at the back. Lying on a mattress on a rough floor, he chokes with emotions as he tries to explain his difficulties: "Jamais mo ti pense qui un jour mo pou souffeur coumsa. Mo pas capave leve. Mo faire tout en place. Qui passe qui mo finne faire, Bon Dieu? Bon Dieu si pas prend mo la vie. Li pe lesse moi souffeur". [I never thought that one day I would suffer like this. I can't move. I've to urinate and defecate from here itself. What sin have I committed, God? Even God is not helping me by taking me away. He is letting me suffer]. The carer, that is, his wife, has to go to work so as to be able to live. He adds: "Nous finne vinne bien pauvre. Jamais mo ti espere qui un jour nous pou vinne pauvre coumsa". [We have become very poor. I could never imagine that one day we would become so poor]. He says he has to wait for his wife to return from work to look after him.

(74)

Wife-carer has been looking after mentally ill and physically disabled husband since 1965. She says she is now so fed up with her life that she is prepared to commit suicide: "Mo la vie pe rini aril. Par tois mo ie quite la cage aile. Mo aile touyi moi par la". She says once she used

to take her husband to mental hospital for treatment, but saw it as a waste of time. She would have liked to see private doctors for treatment, but can't afford it. Now she has put her trust in prayers and vows for her husband's recovery: "Astereia mo taire boucoup la priere. Mo taire boucoup promesse si".

(75)

This lone widower, aged 54-59, has had both legs amputated as a result of gangrene. He is a victim of diabetes. He has been given artificial legs, but he does not use them. He says: "Zotte faire moi di mal. Zotte trop lourde si". [They hurt me. They're also too heavy]. He moves about indoors on his bottom. He is a very depressed man. He also says his children are uncaring towards him and sometimes they beat him. He puts it thus: "Zotte rinne degoute moi. Zotte batte moi. Mais mo pas peur zotte moi. Zantante jordi bien niman karam". [they don't want me. they beat me. But I'm not afraid of them. Today's children have no gratitude]. He says he is so disgusted with life that he finds no difference in dying today or tomorrow: "Mo pas peur la mort. Pou mort jordi. Pou mort demain. Un jour bizin mort meme".

DISTRICT OF MOKA

(76)

"Cotte mo allé dimoune guette mo meme. Louma dire mo finne gagne la lépe". [Wherever I go people stare at me as if I've contracted leprosy]. A male respondent, aged between 42-47, stigmatized by a lump of brown flesh hanging from his left cheek. He attributes this deformity to all his misfortunes. The deformity, he says, is a barrier to employment: "Si mo ti gagne un ti travaille mo ti capave tap tappe [If I could get a job, I could have kept going]". He admits that he has to rely on friends for a drink or a cigarette. He is being interviewed under a rum shop's verandan during a cyclonic weather conditions, with torrential rain and fierce wind. He also has to rely on relatives for some food: "Bizin depan lor famille pou un bouche mange". He believes that he is isolated and lonely also because of his facial deformity.

(77)

Male respondent, aged 30-35, with one arm disabled at work. Unaware of how to proceed regarding compensation for industrial injuries. Can't get help from Social Security. Unable to work as a result of depression. His complaint is as follows: "Jordi jour mo bizin depan lor mo vieux mama papa pou un bouche mangé. Zotte meme zotte malade. Zotte pension pas assez pou zotte meme vive". [Nowadays I've to rely on my elderly parents for some food. They're sick. Their pension money is not enough for themselves]. He adds: "Banne camarade donne moi un grogue ena fois. Tout le temp zotte donne moi un grogue un cigarette. Mais mo pas capave

faire pareille. Mo senti moi embarasse, bien honté".
[Sometimes my friends give me a drink. They always give me a drink or a cigarette, but I can't reciprocate. I feel very embarrassed and ashamed].

(78)

A man, aged between 54-59, lying in bed, is paralysed from waist downward. His existence depends on others. He is very angry with his family and more so with the government. He suffers from severe depression. He says that he has been housebound for the past twelve years, following a road accident in Rhodesia, where he was working in a sugar factory on contract. Despite his disabilities, he can put his complaint across very fluently and forcefully. With tears in his eyes, he says: "Mo la vie finne fini. Plito mort même". [My life is over. I prefer to die rather than living]. In respect of his wife and children, he says: "Zotte pensè mo la tête pas bon. Mo finne paralyse seulement. Mais mo connais qui mo pe cause moi". [They think I've gone mad. I am only paralysed, but I am aware of what I am saying]. He is angry that he has not, in his twelve years of being housebound, been visited by someone from the Welfare Department. Crying, he says: "Ou meme premier dimouné qui pe dimande moi mo problemes. Dans si pas combien temp ou meme pe rente dans mo la peine. Sa meme qui faire moi ploré". [You're the first person who is inquiring after my difficulties. During this long period you're the only person who is taking an interest in my trouble. This is why I'm crying].

(79)

11 years old boy is deaf and dumb. The mother-carer is worried. She wonders what sin she committed for Allan to give her a son with disabilities. Her worry is: "Nous pas pou capave montre li la priere. Nous pas capave montre li religion. Dans nous zentants bizin conne la priere". [We won't be able to teach him prayer and our religion. In our community children must know their prayers]. His mother's other concerns are: "Qui maniere li pou gagne so la vie? Li pas pou capave mariè. Li pas pou ena un famille. Un jour li pou tout seul". [How will he earn his living? He won't be able to get married. He will have no family. He will be lonely one day].

(80)

This respondent, a male pensioner, says: "Mo gagne depression, Depi 2 ans et demi mo coumsa (He is lying in bed paralysed due to stroke). mo finne paralise. L'hospital pas finne faire nenrien pou moi. Perdi le temp l'hospital. Pas soigne dimoune la bas. L'hospital un la battoire. Zotte touè dimoune la bas". [I suffer from depression. I'm like this for two and half years. I am paralysed. Hospital treatment has not helped me. Patients are not treated there. It is a slaughter-house. Patients are slaughtered there]. He feels bitter against the government for having not received satisfactory help. He says that he has spent over Rs.5,000 for medical treatment at private clinic. Therefore, he is heavily in debt. He cries almost incessantly during the interview. Feeling rejected at home, he says: "Mo senti qui mo rinne vinne un pois pou mo famille. Mo zentants ena zotte

propre problemes. Sa gouvernement la pas pe assez aide moi: bizin mette moi dans couvent. Li feel li've become a burden for the family. My children have their own problems. This government has not given me enough help. I should have been placed in a Home].

(81)

35 years old mentally handicapped son has severe mobility problem. Is also violent. Unable to talk to me. Looks dazed and half asleep. Mother-carer's concerns are: "Li reste dormi meme. Ena de fois li nerve. Li batte moi. Li finne mette un marque lor mo front la". [He sleeps all the time. Sometimes he gets angry and he beats me. It was he put this scar on my forehead]. The carer finds the pension inadequate to look after his mentally handicapped son. She feels like a prisoner at home with his son: "Mo senti mo couma un prisonier avec li. Mo vive couma dans l'enfer". [I feel like a prisoner with him. It's like living in hell].

(82)

Speaking on behalf of her 34 years old brother, who is mentally and physically handicapped, the sister-carer says: "Li comme si un bebe. Bizin faire depi A jusqu'a Z pou li. Li ena probleme pou controle li. Li pas cause bien. Li pas comprend. Li pas capave explique". [He is like a baby. Everything has to be done for him. He has difficulty to control his bowels. He can't speak properly. He does not understand. He can't express his feeling]. She adds: "Ena un lotte probleme: si un dimoune so la tête pas bon dans un famille, dimoune dire zotte tous pareille. Li difficile pou

trouve marriage". [There is another problem: if there is a mentally ill person in a family, people tend to assume that the whole family is affected. Therefore, it is difficult to get marriage proposals].

(83)

Mother-carer, aged 66-71, finds 44 years old mentally handicapped son as her greatest worry. He looks dazed, ill, and is very emaciated. He is an out-patient at the mental hospital, which the carer regards as a waste of time: "Banne docteur la pas dimandé qui li gagne. Zotte pas consulte li. Necque zotte donne li un quantite medecine pou faire li dormi. Zotte dire si li plis dormi li pou pli bien. Si pas combien banannè li pe dormi, mais mo trouvè so la sante pe plis gatè". [The doctors never ask what's wrong with him. They don't examine him. They simply give him medication to make him sleep. They say that the more he sleeps the better it is for the recovery of his health. I can't remember how many years he has been sleeping, but his health is getting worse]. She has received no help from her Deputy. She says: "Jiste le temp ena election qui zotte conne ou [The politicians only want to know you before the election]".

(84)

27 years old mentally and physically handicapped son. Has bowel problems. Feet are heavily deformed. He is violent. Mother-carer, aged between 72-77, says that she administers a heavier dose of medication than prescribed to keep son quiet. He seems more than quiet, like a zombie, like a half

dead person. The carer puts her concerns thus: "L'argent pas un grand probleme. Nous capave debrouillis. Pli grand traca la si mo mort perna personne pou guette li. Nous pe vinne vlieux nous. Banne jeunesse jordi perna patience. Zotte pas interesse si. Gouvernement bizin commence pense qui zotte pou faire avec dimoune handicapé". [Money is not the major problem. We can manage. The greatest worry is that there is nobody to take care of him if I die. We are getting old. The younger generations do not have our patience, apart from having no interest in providing care to others. Therefore, the government has to consider seriously what to do with disabled people who can't support themselves].

(85)

71 years old son, who looks ill, is looking after 91 years old mother. About a fortnight ago the mother slipped and fell. Has been lying in bed without food since. Private doctor has been called, but can't find money to buy medication. No xray taken. The old carer says: "Mo pas connais qui mo pou faire [I don't know what to do]". He is waiting for his wife to return from work to clean the sick old lady. Perhaps to show that he cares, he has called a private doctor, but now has no money to buy the medications. To my suggestion that she should be taken to hospital, the carer says: "Nous bizin guette li. Un grand dimoune sa. Nous pou guette li jiska so dernie jour. Nous pou garde li jiska so jour finale". [We've to look after her. She is an important person. We shall look after her until her last day. We shall keep here until she dies].

(86)

"Mo mème mo ena boucoup traca. Mo ena mo zenfants pou occupe. Mo la santè pas bon. Mo gagne diabète. Gouvernement bizin aide nous. Li pas facille pou guette un dimoune pas trouve claire". [I myself have many worries. I've my children to look after. My health is poor. I suffer from diabetes. The government must help us. It is not easy to look after a blind person]. The 83 years old blind sister-in-law, lying on the bed in a small room built of stones, is listening, probably with disgust, to the respondent's complaint of her as an additional burden. The carer complains that the pension money is not enough for special diets, for transport to the hospital, and for medications. In addition to more money, she says she also needs other means of support: "Mo bizin encore l'argent. Mo bizin lotte aide si. Le temp election zotte dire ou pas tracassé. Zotte pou aide ou quand zotte gagne election. Mais lèrè zotte gagne election pas trouve zotte la pousiere". [I need more money, beside other means of support. At election time, they (the politicians) impress on you not to worry. They guarantee you help if they're elected. But after being elected you can't find them].

(87)

Female respondent, aged 60-65, is paralysed, following a stroke in 1951. She does not think that hospital treatment has done her any good. Help from private doctors have also proved futile: "Mo garçon finne guette docteur privé. Mo pas finne bien mème". [My son has taken me to private doctor, but I'm still unwell]. She can't move about. She says: "Mo

pas capave marché. Mo espere mo garçon avec mo belle fille sorti travaille pou amene moi dans la trine. [I can't walk. I've to wait for my son and daughter-in-law to return from work so as to take me to the toilet. She adds: 'Mo couma un prisonie dans la cage [I'm like a prisoner in the house]'].

(88)

Deaf and dumb 12 years old girl is the greatest concern of her young mother: "Qui sania pou marie gOUNGI? Pou li meme mo tracasse boucoup. Ti ameme cotte docteur l'hospital. Li dire li pou bien. Finne amene li cotte docteurs paye si. Nous rinne trouve qui sa perdi le temp". [Who will marry a deaf and dumb girl? This is my greatest worry. She was taken to hospital, but the doctor said that she would be alright. We also took her to private doctors. In the end we felt that it was a waste of time]. The girl is being taught sewing with the hope that she will become a self-sufficient adult. The informant views the Social Centre and their welfare officers as the politicians' gimmick aimed at deceiving the people: "Politiciens finne faire jolie batiment pou bouche li ziè dimoune". The informant adds: "Dimoune dans la campagne zotte pas prend conte. Couma zotte gagne zotte gros bouché mangé, zotte alie zotte". [Politicians don't care about country people. As soon as they are elected, thereby becoming comfortable, they don't want to know]. This bright 8th standard-educated young mother-carer sees the needs of handicapped Mauritians as follows: "Bizin un l'ecole pou zentrants couma li couma. Bizin ana transport pou amene zotte. Zotte bizin gagne boucoup aide pou piltard zotte pas vinne un grand probleme pou paivi. [There must be

a school for children like her. There must be transport to take them there. They need a lot of help so that they don't become a problem to the country in the future]. "A cause li dimoune la cause nous. Zotte dire nous sa famille goungi sa [Because of her, people talk about us, referring us as the dumb family"]].

(89)

Female victim of poliomyelitis, aged 42-47, has five young children. She lives in a shack and supplement her disabled pension by sewing dresses for her neighbours. In spite of her severe disabilities, she sits at the sewing machine on her dark veranda and works for long hours. She still remembers her past: "Mo ti un orpheline. Lère mo mama papa finne mort, mo grandmama mette moi dans couvent. Famille pas ti interessé avec banne zenfants handicapé. Zenfants handicapé ti un la honte pou zotte. Zotte finne moi dans couvent". [When I became an orphan, my grandmother placed me in a Convent. The families did not care about handicapped children. They were an embarrassment to them. Therefore, they handed me over to a Convent]. She says she needs a larger house for her family and other help and advice. She views the Social Centre as a waste of money. She remembers being visited by a Red Cross lady many years ago. She has not been visited by a welfare officer since. She feels that not enough is being done for people in her category.

(90)

Li meme mo plis grand traca [he is my greatest worry]'. He

is a 25 year old mentally disabled. He can't use his right arm. He has severe speech impediment. He is violent as a result of his mental illness. The father-carer has discontinued treatment at the mental hospital for his son on the grounds of finding the whole trouble a waste of time and money. The carer says: "L'hospital mental perdi le temp sa . He adds: "Mo pe vinne vieux. Ia iere mo mort moi. Qui sanla pou guette li? Le temp finne change. Freres soeurs guette zotte prope zaffaire. Qui sanla pou rode guette un dimoune fou? Si ena un zenfant fou dans ia cage, li un grand traca sa. Li faire un paque probleme". [I'm getting old. I'll die soon. Who will look after him? Time has changed. Nowadays brothers and sisters mind their own business. Apart from that, who would want to look after a mad person? If there is a mad child at home, it is also a matter of great worry. It generates many difficulties]. "Ilangue mo vive mo pou guette li. Apres sa gouvernement bizin ramasse li". [I shall look after him so long as I am alive. When I die, the government has to take care of him].

(91)

The mother-carer introduces me to her mentally and physically handicapped son. The 25 years old son crawls with great difficulty to come near me. He looks neglected, with his torn vest and short. His hair is in a mess. He has protruding teeth. He is so emaciated that he appears as if he is not being fed adequately. His mother used to collect medication for him from mental hospital. She has stopped because: "Perdi le temp sa. Medecine ia faire li dormi meme". [It's a waste of time. The medication only make

him sleep]. The carer says her son is also doubly incontinent. She is clearly at the end of her tether. Regarding more pension to provide better care, she says: "Commi pension la faire politique [the pension clerk makes it difficult]". She continues: "Mo pas connais qui mo pou faire avec li. Gouvernement bizin prend li". [I don't know what to do with him. The government has a duty to place him in a Home!].

(92)

The carer's husband introduces the handicapped child thus: "A la li la. Dire moi qui l'age li ana? [here she is. Tell me how old is she?]. The mother, who is in tears, is holding the girl, who looks like one of the starved children in Somalia, a bag of skins and bones. The 15 year old girl looks like a six or seven year old and weighs hardly two stones or so. She can hardly hold up her head. She can't speak. She is deaf. She can't walk. She is mentally handicapped. She is doubly incontinent. She is epileptic. The father is very angry, while the mother, very upset, is unable to hold her tears, as I proceed with the interview. My questions seem to have touched something in them, to have stirred something in them, which triggers off an avalanche of feelings through tears and words. The carer's husband says: "Nous pas connais qui pou faire. Pas gagne aucun aide. Personne pas vinne demande ou ou probleme. Ou premie dimoune pe rente dans nous la peine. Nous bizin conseil, mais pas trouve personne. Centre sociale perdi le temp. Bureau pension perdi le temp. L'hospital mental perdi le temp. Mo camarade nurse l'Angleterre finne dire moi

discontinue valium. Li dire moi donne li beaucoup l'affection". [We don't know what to do. There is no help. Nobody has come to ask us about our difficulties. You are the first person who has taken an interest in our problems. We need advice, but we see nothing coming. Seeking help from the Social Centre is a waste of time. The same goes to the Social Security Office and also to the mental hospital. My friend, who is a nurse in England, has advised me to discontinue the valium tablets. Instead, he has told me, to give her a lot of affection].

(93)

The 12 years old boy is disabled. His father-carer says he has had six operations on his feet. He does not go to school. To show his disabilities, the boy struggles to get up with the support of a pair of sticks crudely made by his father. He is in a poor condition. Upon asking the carer's problems, he becomes very emotional. He says: Ou meme premie dimoun Allan finne envolye pou demande nous nous difficulte. Mo finne vinne vieux. Mo ena beaucoup traca. Li mo grand traca: si mo mort, qui sanla pou soigne mo garçon? [You're the first person Allan has sent to inquire into our difficulties. I'm getting old. I've many worries, but he is my greatest worry. If I die, who will take care of him?] He seems to be a bright boy. Why the carer does not send him to school? "Mo pas ena moyen, missieur. Bizin achete linge. Bizin donne li so live. Lotte mo pou gagne l'argent? So pension pas meme pou donne so manger. Li don't have the means, sir. He will need clothes and books to attend school. Where will I get the money from? His pension money is not

even enough to feed him].

(94)

The 28 years old man suffers from mental illness and constantly terrorizes the members of the household. He frequently hallucinates. The elderly mother-carer says: "Li morde dimoune couma li chien. Li faire couma dire li un li chien". [He bites people like a dog. He behaves as if he is a dog]. The carer, who is a victim of diabetes and looks physically poorly, is at the end of her tether: "Nous pas connais qui nous pou faire avec li. Un jour li pou touyi qicqun. Nous rinne alle cote centre sociale. Zotte dire pas zotte travaille pou aide moi dans mo cas la . [We don't know what to do with him. One day he will kill someone. We have been to the Social Centre for advice and support, but they have told me that it is not their responsibility to help me in my case]. The carer says that her son is an out-patient at the mental hospital and is on medication. She finds the boy increasingly too difficult to take care of: "Mo ne plis capave guette li [I can no longer look after him]". However, she confesses her greatest worry thus: "Si mo mort personne pas pou capave guette li lit i died, nobody would be able to look after him]".

(95)

The mother-carer is at the end of her tether with her 17 years old son, who is mentally handicapped. She explains her difficulties thus: "Depi li tipti meme li pas normale. Mo dire ou, missieur, li finne rinne mo la vie. Guette couma mo finne vinni (pointing at her physical conditions). Li pas

connais cotte li ete. Si quitte li dehor la, li perdi. Mo bizin faire tout pou li". [He has been abnormal since early childhood. I tell you, sir, he has ruined my life. Look at my physical condition. He does not know where he is. If he is left outside now, he will not know where he is. I've to do everything for him]. She adds: "Nous finne guette docteur prive. Nous finne guette traicteur. Tout cequi dimoune finne dire nous nous finne faire, mais li finne resse tou meme". [We've consulted private doctors. We've also seen witch doctors. We've followed all the advice. But he is still mad]. She says that she has not succeeded in finding a Home for her son.

(96)

The father-carer, who is approaching his 70th birthday, sees his 31 years old son as his main concern. The latter is mentally and physically handicapped. He is now becoming deaf. The carer's wife is ill, spending most of her time in bed. The stress of having to look after his sick wife and disabled son is taking its toll on his already poor health due to, he says, "travaille depis ti zentrant plus la misere [Work since early childhood, apart from poverty]". With tears in his eyes, the carer says: "Li mo dernier garçon, garçon gate. Li faire traitement l'hopital mentale, mais sa perdi le temp. Mais mo pas ena moyen pou paye docteur prive". [He is my youngest son, my favourite son. He is an out-patient at the mental hospital, but it is a waste of time. However, I cannot afford to use private doctors]. He has five older children, but, he assures me, he can't rely on them for a helping hand: "Astere la zentrants ne plus

aide. Zotte capave guette ou mort sans manger". [Today's children are unhelpful. They can watch you dying or starvation unmoved].

(97)

27 years old son is mentally and physically handicapped. The mother-carer says: "So la tête pas bon [He is mentally ill]". She is, however, angry when a doctor asked her to take the boy to mental hospital. "Docteur l'hospital finne donne moi lette pou l'hospital mentale. Mais mo pas finne amene li. Dimoune qui pou dire nous ena un dimoune tou dans nous la cage. Zotte pou rie nous". [Hospital doctor gave me a letter to the mental hospital, but I did not take him. What would the neighbours say? They would know that we had a mad person in our house. They would laugh at us]. She adds: "Li un grand chagrin pou moi. Li bizin ena un la cage pou banne dimoune couma li". [His mental condition is my greatest sadness. There ought to be a Home for people like him].

(98)

The disabled and house-bound man is in his late 70s. He is paralysed as a result of a stroke. He is totally dependent upon his sick wife for caring for him. In a nutshell, she is her life-line. Despite his severe physical disabilities and depression, this informant is articulate. He cries almost non-stopped during the interview. He expresses his difficulties thus: "Finne iere pou mort, missieur. Mo couma un prisonie la. Mo finne condanne. Depi 5 bannane mo coumsa. Mo pe souffeur. Mo bonne femme si malade. Si li pas capave

levé, nous reste sans manger". [It is time to die, sir. I'm like a prisoner. I am like a prisoner. For the past five years I'm like this. I'm suffering. My wife is also ill. If she can't get up, there is no food to eat]. He complains about his children, implying that they are uncaring and unsupportive: "Zenfants tout rinne alle. Zotte vinne couma le temp. Si di vent pousse zotte par ici, zotte vinni. Si zotte vinni si, apres zotte alle couma cyclone". [All the children have left us. They visit us like the weather. If the wind drives them in this direction, they come. Even then they cut the visit short and disappear with the speed of cyclone]. On the other hand, this recipient says: "Nous pas capave fié nous zenfants pou aide nous. Nous content guette nous prope zaffaire. Nous pas content amerde zotte nous". [We can't rely on our children for help. We prefer to mind our own business. We hate bothering them].

(99)

male respondent, aged 72 - 77, has lost both legs as a result of gangrene. He is wheelchair-bound. His carer is his sister-in-law, who has been looking after him after the death of his wife and his children felt that they could not take care of him. He says: "Lere mo femme mort, mo zenfants la guerre avec moi. Zotte batte moi. Zotte pousse moi. Depi sa mo resse avec mo belle soeur. Mo bien ici. Grand merci Bon Dieu". [When my wife died, my children quarrelled with me. They beat me. They threw me out of the house. Since then I've been living with my sister-in-law. I'm happy here, thanks God]. However, he feels very isolated. He has not been out for a long time. He wishes that the government

gives him a house, an increased pension, and general support.

(100)

The 9 years old boy suffers from such a health disorder that he looks as round as a big ball and, as a result, can hardly walk, apart from having to experience the sad fate of becoming the object of stigma and ridicule in the community. The mother-carer complains: "Zotte appelle li 'Bonhomme loulou', 'li cochon'. Li pas capave sorti dehor lor chimin. Dimoune rire li. A cause sa meme mo pas rinne envoie li 'l'ecole". [People call him 'Bogeyman', 'Little pig'. He can't go outside on the street for fear of being ridiculed. People laugh at him. It is because of this that I've not sent him to school]. The respondent is unhappy at doctors' advice: "Docteur rinne dire amene li l'hospital mentale. Docteur dire li fou. Ou pense li un enfant fou li? Nous pas ena personne fou dans nous famille". [Doctors have advised us to take him to mental hospital. They believe he is mentally ill. Do you think that he is mentally ill? There is nobody with mental illness in our family]. The response to whether the Welfare Officers have been consulted is: "Cente Sociale perdi le temp. Jiste Indiens qui zotte donne faveur". [Social Centre is a waste of time. Only Indians receive help there].

DISTRICT OF PAMPLEMOUSSES

(101)

31 years old daughter has skin disease in the hands, one arm is deformed, and is mentally handicapped. This is Hindu girl. Mother-carer's greatest concern is the future of her daughter. She says: "Li pas pou trouve marriage. Qui sania pou marie li? So la tite pe alle. Li même nous piis grand traca". [She won't be able to get married. Who will marry a girl like her? She is mentally disturbed. She is our greatest worry]. She also complains about the pension, which she finds inadequate. The carer suffers from angina. She is poorly. She is worried about her daughter after her death. She says: "Si un coup mo mort, qui sania pou guette li? Jordi jour perna frère soeur. Zotte pas pou rode guette li". [If I suddenly die, who will look after her? Nowadays brothers and sisters are reluctant to take such a responsibility].

(102)

"Un seule zenfant mo ena. marche si li pas capave. Qui maniere li pou gagne so la vie? Qui sania pou marie li?". [I've only one child, but he can't even walk. How will he get his livelihood? Who will marry him?] The mother-carer is very worried about his 19 years old son, who is physically disabled, in addition to being mentally retarded. He has had to give up his tailoring apprenticeship because he can't handle scissors. The carer is very angry about the advice that she should bring her son to the mental hospital for a check-up. "Li fou li? [Is he mad?]". The carer asks me my assessment. She moans: "Qui sania pou guette nous dans nous

vieux jours? Bon Dieu, qui peche qui nous finne faire?" [Who will look after us in our old days? What sin have we committed, God?]

(103)

30 years old son has severe mental and physical disabilities. He is left naked in a tiny shed built of paraffin tins. He is sitting on a pile of faeces and a pool of urine. In an empty butter tin there is some food. He is locked in it. The mother-carer, a mother of 9 children, an old widow, looks ill as a result of hard work, poverty, and constant worries. She says: "tout zenfants finne alle. Zotte finne qitte sa garçon handicape la avec moi. Li pas capave faire nenrien. Li mange, li kaka, li faire ti tour tout la meme". [All the children have gone, leaving this handicapped boy with me. He can't do anything. He eats, he defecates, and urinates here itself]. This is one of the reasons that the carer leaves him naked and locked in the shed. She complains that she has to work because the pension is not enough to live on. Her greatest concern is: "Mo meme mo malade. Si mo mort, qui sania pou guette R? Gouvernement bizin prend li". [I'm sick. If I died, who would look after R? The government must find him a home].

(104)

The daughter-carer, who has just returned from work in the sugar field, explains the problem of caring for her 75 years old mother, who is blind and has been severely disfigured as a result of an accident with polling rice: "Mo mama ti ena 14 ans le temp li ti marie. Un jour li finne gagne

tourdisement. Li finne tombe dans douré bouillie. Li pas trouve claire. Li pas tende. So belle-mere avec so beau-pere finne batte li. Qui mo pou faire? Mo bizin guette mo mama". [My mother was 14 years when she got married. One day she has an attack of giddiness and fell into a boiling pot of rice. As a result, she has become blind and deaf. Following the accident, her mother-in-law and her father-in-law had beaten her. What can I do? I've to look after my mother].

The carer adds: "Li reste lor li li meme. Li espere moi vinni pou occupe li. [She remains in bed, waiting for me to return from work to take care of her]. She says that she is anxious about her mother's safety while working in the sugarcane field: "Mo tracasse mo mama le temp mo dans caro canne". She complains of the inadequacy of the pension: "Si mo ti gagne assez l'argent, mo ti capave reste la cage pou guette mo mama jiska li mort [If the pension were sufficient, I could have stayed at home to look after my mother until her death].

(105)

An 8 year old tiny little girl, who looks about 4, is mentally and physically handicapped. Her disabilities are severe. She can't talk. Has no control over her saliva. Is doubly incontinent. The mother-carer cries as she explains her difficulties thus: "Mo baba ti bien. Pas ti ena aucun probleme. Un jour mo ti bizin alle en ville. Le temp mo retourne la cage, zotte dire que li finne gagne convulsion. zotte finne amene li L'hopitale". [My baby was very well. She did not have any health problem. One day I had to go to Port Louis. When I returned, they told me she had an attack

of epilepsy and they had taken her to hospital]. She becomes more emotional and continues: "Astereia zotte blame moi. Zotte dire sense mo ti alle traine. A cause moi qui li finne alle malade". [Now the family blame me, accusing me of having gone to Port Louis to enjoy myself. Therefore, it is I who is responsible for my daughter's ill-health]. However, she has her doubt and believes that someone must have done something. She puts it thus: "Finne bizin arive quique chose. Si pas li finne tombé, mo pas capave dire ou". [Something must have happened. I can't tell you whether she had fallen]. She has been living with her in-laws. She says she badly needs independent accommodation. With her husband unemployed and a small pension for the disabled child, she also has serious financial problem, apart from serious conflict in her relationship with her in-laws and her husband.

(106)

In an airless, dark tiny shack, built of remnants of old corrugated iron sheets, lies a 13 years old boy in a cot, with his hands and feet tied to the cot. In urine and excreta, whose stench was almost unbearable, was the abused and neglected boy. He is emaciated and probably dying. In appearance he looks no different from one of the starving children in parts of the war-torn Africa. To my question why the poor boy has to be tied, the mother-carer says: "A cause li morde li meme. Bizin attache li . He has to be tied so as to prevent him from biting himself. The carer is very worried about him. She explains the origins of her problems: "Li ti gagne convulsion. L'hopitale mentale finne dire amene

11. Mo pas ena l'argent pou paie transport. Mo pas finne amene li. Nous bien misere missieur. [He had an epileptic fit. We were advised to take him to the mental hospital. We did not have money. Therefore, we did not take him there. We're very poor, sir]. The carer also says that the pension money for her son is not enough. The other difficulty, she adds, is housing.

(107)

Mother-carer is looking after 35 years old son, who has been crippled in a road accident. His wife works. He has three children from aged 14 to 9. The carer says: "Li boire boucoup depi so accident. Li rinne vinne delirium. Li la guerre boucoup. Mo rinne vieux. Combien mo pou aide zotte". [He drinks a lot since the accident. He suffers from delirium. He quarrels a lot. I'm old. How long can I go on helping them]. She says her son and his family need a house. She believes that it is the responsibility of government to help: "Gouvernement bizin rente dans zotte la peine. Zotte travaille sa. Pas mo travailler. It's the government's responsibility to help them. It's their responsibility to do so. It's not mine].

(108)

This respondent, aged between 54 and 59, has become disabled and depressed following a road accident. He says that he is dissatisfied with hospital treatment, but can't afford private treatment. He can't work and he uses a rough stick, made by a sympathetic friend, to retain some mobility. He has many worries, he tells me, but the greatest ones about

his self-esteem and his deteriorating relationship with his wife, his carer: "Ou connait couma il s'pase ou sa si ou bizin depend lor ou femme pou viver. Nous sagne poucoup la merdement dans nous menage. Sa pas pou dire sa". [Do you know how humiliating it is if one has to rely on one's wife to live? There are many difficulties between us in our household. Our marriage will break down]. He has made a few half-hearted suicidal attempts. He is confused and does not know what to do with his life: "Mo pas connait qui mo pou faire avec mo la vie".

(109)

Mother-carer, aged 60-65, is finding it increasingly difficult to take care of 27 years old mentally and physically disabled son. The son is also diabetic. He is violent. The carer complains as follows: "Li pe vinne trop difficile pou guette li. Mo meme mo pas bien. Li casse tout dans la cage. Combien fois il tinné dalle moi". [He is becoming too difficult to be looked after. I myself am not well. He breaks everything in the house. He has hit me several times]. She finds the pension money inadequate. Her son needs two injections every day. She has to pay for one injection. She says she gets some help from the mosque. In spite of this, she feels she can't cope. He adds: "Mo pou guette li jisqua mo mort. Apres sa necque Alian qui connait qui sania pou guette S". [I shall take care of him so long as I live. After this only Alian knows who will look after him].

(110)

The 68 years old mother-carer introduces me to her disabled son in Mauritian Hindi. She understands patois, but can't speak it fluently. Mother and son occupy a shack, built of corrugated iron sheets, by the roadside. Oil lamp is used at night. For items of furniture there are a couple of old beds and a few boxes used to keep things in them. With so many holes in the roof, I wonder what do they do when it rains, which is not an unfrequent occurrence in the island. The carer says that her 47 years old son was a Hindi teacher. One day, she adds, on his way to work on his bicycle, he felt dizzy and fell down. This was in 1971. The son cries as his mother tries to explain her concerns. The son can't speak. He can't do much physically, apart from lying in bed and crying. He tries to write a few words down to point out that poor hospital treatment and lack of follow-up medical support have contributed to his increasing incapacities. The carer tells me that she has four more children, but, she complains, with tears in her eyes, that they are 'Nimakkaram', ungrateful children, who have abandoned their disabled brother. The mother-carer, who is in poor health, says that she can't look after her son and asks me if I can help find a home for him.

(111)

Father-carer is worried that her daughter cannot study. The 12 years old girl has a disabled foot and also seems to be mentally retarded. He says he has been paying a lot of money in private tuition. He has been spending money books. But he can't see his daughter making much progress. The carer is

also angry. He tells the frightened little girl that he will stop her schooling if she fails her exams again. On raising the issue that there must be a reasons for the girl not to do too well, he calms down and says: "Bizin ena dimouns pou donne nous un ti l'ide. Personne pas interesse avec ou si ou pauvre". [There should some people to advise us. If you are poor, nobody is interested in you]. He says he has money problem. He is unemployed, but his wife works in a local factory. But he says her earning does not go far enough in view of high costs of living.

(112)

Handsome 12 years old son, eldest among the children, has lost strength in his legs. Parents are very depressed. Mother-carer says: "Finne amene li L'hospitale, mais zotte pas finne faire nenrien. Zotte dire nous faire l'exercise avec li. Nous docteur nous!" [We took him to hospital, but they have not given him proper treatment. We have been told to do physiotherapy with him. Do they think that we are doctors?] When the father arrives, he chides his wheelchair-bound son for not following his exercise instructions: "Trappe pie diboute. Asige. Lave. Trappe pie. Diboute". [Hold the tree and stand up. Sit down. Get up again. Hold the tree and stand up]. Carers say that they have paid Rs.1300.00 to carry out massages on the boy's legs. For the wheel-chair the carer had even to go as far as seeing a government Minister: "Finne faire complen demarche pou sa [We went through a lot of trouble for this]". The carer is very worried about the future wellbeing of the boy, who, although bright, has no opportunity for education and is

vegetating in his wheelchair with no relevant stimulation. The carer also complains of the low rate of pension which she is receiving for the boy. His parents' future hope lies in the prospect of one day there will be residential facilities for him: "Un jour il bizin aie [One day he will have to go into a Home]".

(113)

8 years old boy appears to have some or form of disease, which is affecting his legs. His legs are getting thinner and they support his body with difficulty. His mother is very worried about him. Doctor's prognosis revealed to the carer is: "Mo garçon pou paralyse [My son will be paralysed]". The mother's complaint is: "L'hospitale pas rinne donne il bon traitement. Zotte dire moi faire physio avec il mo meme. Qui zotte pense mo docteur moi?" [The boy has not received good hospital treatment. They've asked me to carry out physiotherapy myself. Do they think I'm a doctor?] The carer has given up hope for the boy's recovery and has linked her suffering with previous incarnations: "Astereia mo mette tout dans la main Bon Dieu. Mo rinne capave faire quique chose pas bon dans mo lotte naisance". [I've now left him to God's wishes. I might have done something bad in my previous lives].

(114)

The 10 years old girl has severe mental and physical disabilities. She can't walk or talk. She is doubly incontinent. She eats liquidized food fed from the bottle like a baby. The mother-carer explains her difficulties with

her disabled daughter thus: "Li pas capave cause. Li pas capave marche. Li faire ti tour grand tour tout dans so linge meme. Li mange mange liquide dans bouteille. Bizin guette li tout le temp'. One can talk. One can't walk. She wets and soils her clothes. One takes liquid food in bottle. One has to be supervised all the time]. One also says that the pension money which her daughter receives is inadequate. However, she has accepted the problem: "Pou moi li pas un traca. Mo mette li dans la main Bon Dieu. Li meme plus grand". [For me she is not a big worry. I've entrusted to God, who is omnipotent].

(115)

20 years old son is mentally and physically handicapped. He is naked. He is sitting down on the floor, where he has defecated. He looks neglected. He crawls to her at her call. She puts a pair of shorts on him. Her mother explains her difficulties thus: "Li pas cause. Li pas marche nenrien. Li kaka li pise tout la meme. Mo bizin baigne li tout le jour. Mo trop fatigues avec li. One does not talk. He can't walk. He defecates and urinates where he is. I've to bathe him every day. I'm too tired with him]. She has now been advised to take him to mental hospital, but she can't afford it. She asks: "Couma mo pou amene li? Bizin loto pou amene li. Cotte mo pou gagne l'argent pou paye taxi?" [How can I take him there? I need a car to do so. Where will I find money to pay for a taxi?] However, she intends to carry on looking after her son, strongly believing in past sins' retribution: "Dans live ancien temps dire cequi dimai ou tinne faire bizin paye l'ine hindou scriptures have stated

that one cannot escape the punishment for sins committed in past incarnations]. She also says if she says if she can find a home, she will place him there. 116 "Li couma un ti paba. Bizin faire tout pou li". [She is like a small baby. I've to do everything for her]. The mother-carer introduces me to her 11 years old daughter, her only child, who is severely mentally and physically handicapped. In addition, she is deaf and dumb. She is doubly incontinent. Crying, the mother-carer says: "Tout qualite promese mo finne faire. Finne guette docteurs. Finne guette traiteurs. Mo pas connais qui mo pou faire avec mo la vie. Mo rinne degoute". [I've made all types of vows. I've consulted doctors. I've seen witch doctors. Now I don't know what to do with my life. I'm red up]. She adds that she does not receive any government help. She also complains that nobody from the welfare Dept. has bothered to see her about her difficulties experienced with her disabled daughter. She continues: "Boucoup, boucoup misere mo finne passe avec li [I've been suffering a lot with her]".

(117)

The carer is from Switzerland. He is married to the recipient's sister. The recipient is a 30 year old woman, who is mentally ill and physically handicapped. She walks with difficulty. She can't speak. She is under no medication. She seems to spend most of her time sitting under the sun and rocking herself. The recipient's sister works in a factory. The Swiss's main concern is what to do with her disabled sister-in-law, if he cannot obtain a residence permit to live on the island. The other difficulty

is that effort to find a place in a Home has hitherto proved futile. He complains that there is no welfare support from the Welfare Dept., apart from the pension, which, he finds, inadequate. He says that it is not easy to take care of the recipient, who, like a baby, is dependent for all her needs upon him. He confesses that he is getting tired of looking after her disabled sister-in-law.

(118)

65 years mother has lost her right foot as a result of gangrene. She suffers from diabetes. She is bed-ridden. She looks ill. She has bed sores. The daughter-carer looks exhausted. The carer says in front of her mother: "Mo finne guette ma soeurs pou prend mo mama, mais zotte dire zotte pas capave prend li [I saw the Nuns, but they say they can't take her]". Her mother can't go to toilet. She has to relieve herself in a pot in bed itself. The carer adds: "Mo meme mo bizin netoie li. Mo pas gagne aucun aide". [I myself have to clean her. I don't get any help]. She makes this confession: "Ena de fois mo envie donne li un poison. Mo si mo prend un poison. fini sa la vie misere la un fois". [Sometimes I'm tempted to give her a poison and I also take a poison. I wish to put an end to this miserable for once and for all].

(119)

The widow mother-carer is very worried about the deaf and dumb 12 years old girl. She wonders: "Qui so la venir? Li pas ena aucun la venir. Mo pas dormi iere mo pense li". [What future has she? She has none. I can't sleep when I

start thinking about her]. She attends the special school for the handicapped at Beau Bassin. She is a bright girl, but she finds the daily travelling too exhausting. As a result, the carer is planning to stop her schooling. However, the carer's greatest worry is what will happen to her disabled daughter, if, for some reasons, she can't look after her. She reminds me: "Jordi Jour pas kapave tie lor zenfants [Nowadays one cannot rely on the children to help support the disabled child in the family]". She adds: "Tanque mo vive mo pou guette li. Apres sa nekque Allah qui connait qui pou arrive li". [I shall take care of her so long as I am alive. When I die, only Allah knows what will happen to her].

(120)

This 39 years old woman is severely disabled, in addition to suffering from severe depression. She has to crawl to make herself mobile. She lives with her sister. In spite of her disabilities, she is expected to carry out the house chores. The little house, with coloured concrete floor, looks spick and span. She cries as she speaks: "Pas ena la force dans mo li pieds. Traitement l'hopitale pas rinne faire moi bien. Grand merci mo ena mo soeur. Si pas ti ena li, mo ti pou mort sans manger". [There is no strength in my legs. Hospital treatment has not helped me. Thanks God I've a sister. Without her I would have died of starvation]. She also says: "Mo passe beaucoup misere. Zotte crie avec moi. Mo ie alle noye moi dans la riviere, mais mo pas ena la force pou alle cote la riviere". [I suffer a lot. They shout at me. I want to drown myself in the river, but I've no strength to go

there].

(121)

Discussing her worries, the mother-carer talks about her 10 years old very pretty daughter, who is deaf and dumb, thus: "Il un grand choc dans ma vie. Ou premier zentrant handicapé, dimoune pou cause ou. Combien la priere mo finne faire. Mo finne faire combien promesse. Mais il pareille meme. Li meme mo pils grand trace dans la vie". [Her birth was a great trauma to me. Given birth to your first baby, who is handicapped, you are exposed to considerable moral scrutiny and gossips. I've offered many prayers. I've made many vows. Nonetheless, her conditions remain unchanged. She is my greatest worry in life]. The carer also talks about her husband, who is an alcoholic and often violent. She finds the pension, which is being paid to her daughter, inadequate. Every school day she has to take her daughter to Port Louis by bus for free transport to Beau Bassin, where the school for disabled children is. She finds the travelling expenses too hard to meet from her husband's meagre income. She also complains about the journey as being too tiring for the girl.

(122)

He is 25 years old suffering from mental problem. He attends mental hospital as an out-patient. He looks dazed. He keeps on repeating: "Medecine raire mo la tête fatigue [The medication affects my head]". The carer is his sister-in-law. She complains that she is not prepared to go on taking care of him. She puts it thus: "Mo meme mo ana 4 zentrante

pou ocuppe. Li un grand responsabillite pou moi. Perna un Couvent pou mette li?" [I have my own four children to take care of. He is a heavy responsibility for me. Is there a Home which can take him?] Meanwhile, she feels that the pension money he is being paid is inadequate. She says that she has to watch him all the time. She adds: "Un jour li bizin alie dans un Couvent [One day he would have to go into a Home]".

(123)

The 11 years old girl is and deaf and dumb has severe physical and mental disabilities. She has been left with her paternal grand-mother to take care of. Father has remarried. His new wife has refused to look after her. The carer is in her late 70s and is ill most of the time. The disabled girl also has bowel problems. The respondent: "Personne pas oule li. So mama papa finne quite li avec moi. Gouvernement pas donne moi assez aide. Qui mo pou taire?". [Nobody wants her. Her parents have got rid of her with me. I don't have enough support from the government. What can I do?]. The ageing carer wonders how long more she will be able to look after her disabled grand daughter. With her parents unwilling to take care of her, the carer has resigned herself to looking after the girl so long as she can: "Mo pou guette li tanque mo capave". Clearly unhappy of the situation she finds herself in, the informant cannot help expressing her discontent feeling thus: "Alian pe guette li [Alian is watching the injustice that is going on]".

(124)

Exhausted and angry mother-carer says: "Mo couma un esclave avec li. Mo pas capave sorti ni pou un maineur ni pou un promenade". [I'm like a slave with her. I can neither go out in respect of an unhappy event nor participate in a joyful occasion]. The informant introduces me to her 5 years old daughter, who is mentally handicapped, partially blind, and her legs and arms have severe deformities. She can't talk. She can't walk. The father of the child is a wealthy businessman, who seems to have blocked her disabled daughter from her mind and is not paying adequate attention to his wife's frustration. The carer says: "Tout le temps nous gagne la guerre a cause li. Lere mo cause ar li. li pas prend conte". [We always quarrel because of her (disabled daughter)]. When I try to explain my difficulties with him, he does not pay attention]. She adds: "Mo dire ou, mo pas connait qui mo pou faire avec mo la vie. Pas gagne aucun conseil. Pas gagne nenrien. Sa un la vie sa?" [I tell you, I don't know what to do with my life. I don't get any advice or help. Is that a life?]

(125)

50 years old daughter is mentally and physically handicapped. She can't speak. She seems to have little awareness about her surroundings. To make herself mobile she crawls. She seems to be left outside during most of the day. She is sitting on the floor next to her own faeces. She is clearly a neglected and abused person. The mother-carer, an uneducated Indian woman, looks exhausted. Surprised to see me asking so many questions, she seems pleased and says:

Premie fois un dimoune tinn vinne dimande moi qui mo
probleme l'his is the first time that someone has asked me
about my difficulties . she complained : mo d'homme si
accable. Nous pas saane aucun aide gouvernement, accorde sa la
pension la. Dimoune sauve tinn mauci mame . my husband is
also disabled. but we don't get any help from the
government. apart from the meagre pension. the poor
are a cursed people!.

DISTRICT OF PLAINES WILHEMS

(126)

Father-carer's main difficulty is his 28 years old son, who has severe mental and physical disabilities. He can't walk. He can't talk. He has severe bowel problems. His parents are poor and can only attend on him when they return from work, thereby leaving him to his own devices for long periods. The respondent complains: "Mo couma un esclave avec mo garçon [I'm like a slave with my son]. The house is falling apart. The respondent has no money to carry out the repairs. Money is another problem. He says: "L'argent un grand probleme". The respondent's anxiety about his disabled son's welfare is when he is at work: "Nous peur pou qitte li tout seule. Li capave tombé. Li capave blesse li meme. Mais qui nous pou faire? Nous pas ena choix. Si ou misere lor la terre, ou toujours passe misere. Nous pe paiye cequi nous finne faire". [We're afraid to leave him unsupervised. He may fall and hurt himself. But what can we do? We've no alternative. If you are poor, you are bound to be subjected to suffering. We've to suffer for our sins].

(127)

male respondent, aged 60-65, explains his difficulties thus: "Mo malade. Mo pauvre. La vie difficile. Mo pas capave achete mange cequi mo bizi. Mo pas capave achete medicaments. Mo senti moi tout seul". [I'm sick and poor. Life is difficult. I can't buy the food that I need. I can't buy medication. I feel lonely]. He finds his old age pension and occupational pension inadequate. Asking him why he does not use the hospital, he says: "Pas pou gagne bon traitement labas [One

can't get satisfactory treatment there". As he has four grown up children, I ask him if he gets help from them. His response is: "Ne pii capave tie lor kantanto. Unacun ena so probleme. Unacun quette so props zaffaire". (One can no longer rely on the children. They've their own difficulties. They look after their own interests).

(128)

"A la situation couma to trouve li la [here is life as you see it with me]", a female respondent, one of those co-villagers who grew up together with me in the same neighbourhood, welcomes me. She came from a family who were educationally and in life-style terms more comfortable than the average people there. Tempted by employment for the family, she has become a Catholic and, believing in the priests' promises for a happier life, she has sold her land to them. She now has a little plot on which there is a house built with a loan from the government. Having given me an outline of developments in her life and informed me of her husband's untimely death, she explains her current difficulties: "Un garçon gagne malade Bon Dieu (mental illness). Un tiffi gagne meme malade. Un garçon finne vinne soular. Apres sa li prend la drogue". (One son is mentally handicapped. One daughter is also mentally ill. One son is an alcoholic and he is also a drug addict). She says that she does not get any help, apart from a small pension for each of them. She complains that she has to slave for them, as they don't do anything. She has now given up all hope for an improved quality of life. She confides in me, probably using destiny as a defence mechanism: "No destine coume sa.

sa finne marque dans mo destine. Qui mo tseave faire. Mo bizin charie mo la croix . [My fate is such. It is written that I should experience difficulties. What can I do? I've to carry my cross].

(129)

Female carer, not sure of her age (likely in late 80s), is taking care of disabled grandson. Carer is fast going blind. She looks ill. Has restricted mobility. Lives in one room in appalling conditions in terms of hygiene and poverty. The carer says: 'Li pas end li alod. Bizin guette li. Mo finne vinne vieux. Mo pas capave marche . The (grandson) has lost one leg. I've to look after him. I've become old. I can't walk]. The grandson is also developing some form of mental problem, but he is under no hospital treatment. The carer's greatest worry is who will take care of grandson after her death. She puts it thus: "Perna personne pou guette li. Mo pou guette li jusqu'a mo mort. Apres sa, nous a guetté. Qui mo pou faire?" [There is nobody to look after him. I shall take care of him until I die. After this, we shall see. What can I do?]

(130)

'Mo malade mo gagne diabete [I'm sick, suffering from diabetes]', this emaciated, lonely, and self-neglected bachelor, supporting himself on a crudely made stick, says at the interview. He shows me a medical prescription, given to him by the hospital doctor. It will cost Rs.56 and does not have money for it. He receives a monthly pension of Rs.480. After paying his rent and meeting other essential

expenses, he says he is left with only Rs.260 for food for the whole month. Crying, he adds: "Mo pas capave achete medecine. Mo pas ena l'argent. Plito mort meme . [I can't buy the medication. I've no money. I prefer to die]. About his rented shack, this respondent says: "Li coule couma un panie. Pas ena la limiere, Perna la trine. Perna la cuisine. Mo lave mo baigne dans la riviere. Mo dimande dimoune mange. [It leaks like a basket. There is no light, no toilet, and no kitchen. I wash my clothes and I bathe in the river. I eat the food that people give me]. He will like to go into a Home, but has not been able to find a place. He is hoping that he will find a before he dies.

(131)

The 13 years old boy's mental illness is severe. He is a big, violent boy. He does not seem to have any idea of what is going on around him. His inability to talk adds to his difficulties. He defecates and urinates anywhere. He is bottle-fed for some reasons. His carer is 17 years old sister. His carer is his 17 years old sister. But I also interviewed his father. He says: "Nous ena beaucoup traca. Nous pas connais cote nous pou tourne". [We've a lot of worries, but we don't know where to go for advice and help]. They are a poor family. Husband and wife work for low wages. They've three children. The father adds: "Lontemp mo ti amene li l'hopitale mental, mais sa perdi le temp. Jiste zotte donne li casse pou faire li dormi. Apres sa mo pas capave ditte mo travaille chaque fois. Zotte coupe mo l'argent. Mo capave perdi mo travaille sin. [In the past I used to take him to mental hospital, but it was a waste of

time. They only gave tablets to make him sleep. It was also that I could not not take time off too frequently. I also lost a day pay. By taking him to hospital too often, I could also lose my job]. When I was there, there was a dispute between the hospital doctor, who recommended a pension for the boy, and the Social Security Dept., which refused to make the payment.

(132)

This respondent is a pretty woman in her early 40s. She has been a victim of poliomyelitis since the age of three. Stigmatized by her presence in a Hindu household, she says that her parents first sent her to the specialist hospital and from there she was moved to a convent. Then, she adds, she was transferred to a number of other residential institutions. Dissatisfied with life in the institution, she has joined four other ex-residents in a successfully enterprising and innovative group-living project. One regret she has is that there is no contact with the natural family. However, she is realistic enough to feel that she has to adjust herself: *mais nous bizin adapte avec la vie*. She confronts a number of difficulties, which, she feels, should be minimized with a view to making life tolerable: (1) housing adapted for wheel-chair user. (2) Enhanced pension as earnings from grass-making fluctuates. (3) Reserved employment for the disabled. (4) Facilities to use public transport. (5) Access facilities to public buildings. She is categorical in her belief that a good government is always compassionate about those who can't help themselves: *"Sa devoir un bon gouvernement* [This is the

duty of a good government]".

(133)

Female respondent, aged 42-47, is wheelchair-bound. She describes her difficulties thus: "Mo sagne polio. Li bien difficile pou occupe momans. Mo sèzin aide tout le temp, mais pas sagne li". [I'm a victim poliomyelitis, therefore I find it difficult to look after myself. I need support all the time, but I can't get it]. The other complaint is she is issued with only one pair of the orthopaedic shoes. When they have to be repaired, it causes great inconvenience. She adds: "Zotte mette piece lor piece. Li faire di mal. Mais zotte pas ena consideration. Zotte pas ena pitié". [They mend the shoes with patches over patches. They hurt when you wear them. But they don't seem to care. They've no pity].

(134)

"Mo condanne couma un prisonie li'm restricted like a prisoner", this disabled respondent, another victim of poliomyelitis, tells me. She continues: "Mo couma un prisonie. Mo sagne polio desli mo enfance. Mo isole. Mo pas capave sorti. La cage la un lotte probleme pou chaise roulante. Mo pas capave servi un la main". [I'm like a prisoner. I suffer from polio since childhood. I can't go out. The house is another problem because it is unsuitable for wheelchair. I can't use one of my arms]. She also complains of lack of welfare support from the Welfare Dept.: "Perna personne pou encourage nous li'nere's nobody to advise and motivate us". The disabled pension, she adds, is far too inadequate to live on.

(135)

Female respondent, aged 48-52, is bed-bound and helpless. She says: "Mo complètement depen les autes pou mo vive. Couma ou trouve moi la, mo pas capave faire nenrien sans aide les autes". [I'm completely dependent on others to live. As you can see, I can't do anything without support from others]. She goes on: "Acces dans la cage un grand probleme. Couma ou pou servi wheelchair la dans? A cause sa mo senti moi couma un prisonier". [Access indoors is a major problem. How can you use your wheelchair here? As a consequence, I feel incarcerated like a prisoner]. She also discusses the inadequacy of her disabled pension and links it with entitlement to support as a human being: "Sa pension la pas assez sa. Dans mo condition la, mo bizin gagne tout cequi mo bizin sans casse mo la tete. Moi aussi mo un humain quand meme mo handicape. Mo ena tout droit humain". [The pension is not enough. In my condition, I should be given all what I need without much worry. I'm also a human being and I'm entitled to all human rights].

(136)

These are the problems of another disabled person: "Mo gagne poulo et mo pas tende. Mo rinne guette zotte pou la pareille, mais zotte rinne refuse moi. Qui mo pou faire? Pas capave faire nenrien. Bouille casse zotte pas repare . . . I suffer from poulo and I'm also deaf. I made a request for hearing aids, but they had rejected it. What can I do? There is nothing that I can do. When my shoes need repairing, they don't do it]. She complains that she is not getting enough

support from the government, although she is trying to live independent of State welfare services: "Mo pas satisfait parce que nous pe esaiye pou guette nous meme [I'm dissatisfied because we're making an effort to be self-sufficient]".

(140)

Female respondent, aged 60-71, suffers from all types of health problems associated with ageing: limited mobility, deteriorating eye-sight, and frequent bouts of illnesses. But depression, aggravated by loneliness, seems to be her greatest difficulty. She says: "Mo senti moi bien, bien tout seul. Ne plis couma lontemp ou capave aile cause-cause cote ou voisins. Zotte tout pas gagne le temp astere". [I feel very lonely. It's no longer like in the past, when you could drop in at your neighbours for a chat. Nobody has time these days]. She finds her daughters equally less welcoming: "Mo ena 2 tiffi. Zotte dire ou dans ou figure zotte bizin travaille. Pas vinne tro souvent". [I've two daughters. But they do not hesitate to tell me that they've to work and don't come too often]. She adds: "Combien mo rinne malade, mais Allah pas le prend moi [I've been ill a lot lately, but Allah is still not taking me away]".

(138)

This respondent is in his 70s and is going rapidly blind. His wife, who is in poor health, is trying to look after him. He complains: "Jisqua mo pas capave trouve, mo senti moi bien isole. La vie dire". [since I've lost my eye-sight, I feel very isolated. Life has become difficult]. He says

that he finds it difficult to move about in his house. He says he needs a house specifically adapted for the blind. He regards his pension as inadequate because, he says, he spends a lot of money on medication. He alleges that there is corruption as well as discrimination in the hospital: "Bizin ena famille ousa camarade dans l'hopitale pou gagne bon medecine. Apres sa la bas ena discrimination conte Musulemans". [The patient needs to have relatives or friends working in the hospital in order to get effective medication. Furthermore, Muslim patients are discriminated against in the hospital].

(139)

bachelor respondent, aged 66-71, finds himself very depressed and lonely: "Mo bien, bien tout seul. Tout banne famille proche finne tini mort". (I'm very lonely. All close relatives have died). He has young relatives, but he sees them as self-centred and uninterested in his welfare: "Banne jeune pas interesse avec vieux dimoune au moins vieux dimoune la ena l'argent pou donne zotte [The young are not interested in the old unless the latter have money to give]". He says that Mauritius has entered into a selfish era: "Le temp finne vinne bien personelle dans l'ile Maurice".

(140)

This somewhat angry respondent expresses his difficulties thus: "Trop beaucoup d'injustice. Pas capave supporter. [There is too much injustice. I can't bear it]. He adds: "Mais qui nous pou faire? Allan pe trouve tout d'injustice.

Zotte pou paiye la haut". [But what can we do? Allah is witnessing all the injustice. Those responsible will suffer when they die]. His other problem includes that the pension money is inadequate to meet such expenses as the rent, electricity, water rate, and medication. He says that the hospital rarely prescribes more effective medication than Panadol. This means that he also has to spend his pension on medication. However, this informant, who is in his early 60s, sees his life coming to a close: "Mo la vie finne fini quand mo femme finne mort [My life has come to an end with the death of my wife]".

(141)

An 11 years old boy, wearing a pair of dirty shorts and a dirty vest, looking anaemic, sick, and eyes deep into the sockets, is begging near a bank. I felt I had to talk to him. He was most reluctant to talk. However, a few friendly words made him talk: "Mo pas ana mama papa. Zotte finne mort lontemp lere mo ti tipeti. Mo pas ana la cage. Mo dormi dehor". [I'm an orphan. My parents died when I was still small. I don't have a home. I sleep outside]. He also says that he has a sister and brother-in-law, who live somewhere in Beau Bassin. As a result of beating, he does not live with them. His back is covered with scars left by beating with leather belt. He has also spent sometime living in one of the children Homes run by Nuns on the island. As he talks, he almost repeatedly asks in an apprehensive tone: "Ou pou amene moi dans couvent la, missieur? Mo pas pou alle labas. Mo pas content labas. Pas bon labas". [Are you taking me to the convent, sir? I won't go there. I don't

like it there. It's not good there]. To my question 'Couma to vive [How do you live?]', he answers:

"Mo dimane charite mo vive li live by begging!"

(142)

Sitting in his wheel-chair, under a rum shop's verandah, beside a major road, waiting for the avalanche of rain to subside, this amputee, who is in his early 60s, says: "Grand problemes avec mo femme. Tout le temp la guerre. Mo femme ti Madras. Religion ti capave cre conflict dans menage". [Difficult problems with my wife. We always argued. My wife was Tamil. Different religious values could have contributed to the marital breakdown]. Arguing that his disabilities add immensely to his expenditure, he introduces money as the next difficulty: "Lotte probleme c'est l'argent. Pension la pas assez. La vie chere. Mo Dizin pale un dimoune pou tire moi dehor". [The next problem is money. The pension money is not sufficient. Everything is expensive. I've to pay someone to take me out]. However, this amputee describes his greatest difficulties as follows: "Parfois mo pas gagne personne pou tire moi dehor plusieurs jours. Lere la mo bien isole. Lere la pas envie vive". [Sometimes I can't find anyone to take me out for several days. Then I feel very isolated. The desire to live diminishes].

(143)

Lonely bachelor, aged 36-41, is mentally handicapped and lives by begging and doing odd jobs, like taking the wheelchair-bound out, cleaning people's gardens, etc. He

puts his difficulties thus: "Mo gagne probleme avec mo la tête. Malade Bon Dieu sa. Mo pas finne bien". [I've problem with my head. It's God's illness. I'm still unwell]. How does he live, apart from doing odd jobs? He says: "Mo vive lor mo mama so pension [I live on my mother's pension]". He has tried to get a pension from Social Security Dept., but without success. He puts this to: "Mo pas ena dimoune pou faire demarche pou moi [I've nobody to help me get a pension]". Meanwhile, he adds: "Mo bizin tap tape jisqua mo vive [I must try to get on as long as I live]".

(144)

This 79 years old respondent suffers from a serious type of chest disease. Consequently, his mobility is restricted to his bed and his room. Cut off from the community for some time, apart from lack of understanding and sympathy at home, has also made him feel very depressed. He cries almost throughout the interview. He puts his difficulties thus: "Mo pas capave dormi. A soir mo souffreur beaucoup. Sa un la vie sa? Combien fois mo dire Bon Dieu prend mo la vie". [I can't sleep. At night I suffer a lot. Is this a life? Many a time I've asked God to take me away]. He also raises the issue of inadequate pension and constant worry about paying his bills and meeting other expenses. Distrustful of hospital treatment, he uses private medicine, which, he says, has used up all his savings: "Tout mo l'argent finne fini avec docteur paye". This informant says that he feels so depressed about his situation that he has long since lost the will to live. The interview seems to have had a

cathartic effect on this lonely man, who is, perhaps for the first time, being asked to respond to questions which matter to him. He talks voluminously and simultaneously cries, to the great embarrassment of his wife and other members of his family. At one point, he says desperately: "Si mo ti capave gagne un la corde, mo ti pou mette pendè (if I could get a rope, I would have have hanged myself) .

(145)

Spinster, aged 60-65. She is deaf and dumb. She occupies a rented room near her relatives. She lives on her pension. The sign interpreter says: "Li depan ior famille. Li alle un jour ici. Un jour labas. Coumsa meme li passe so le temp". [She relies on her relatives to live. She spends one day with one relative and another day with another relative. In this way she spends her time]. Her biggest worry is that all the relatives, who are sympathetic to her and help her, are becoming old. She has begun to wonder who will help her when they die. She adds through the interpreter: "Sa mo plis grand traca. Souvent mo pense sa. Mo pas gagne someil quand mo pense sa". [This is my greatest concern. I often think about this. When I start thinking about this, I can't sleep].

(146)

A young girl of slightly above marriageable age is very concerned about her future. She says that she has been diagnosed as suffering from a heart disease. She perspires heavily. To stabilize her health condition, she receives an injection every fortnight. She has been labelled as "litti

handicape', the disabled girl, although she is a relatively pretty girl and looks reasonably healthy. The problem, she informs me, is that she believes that the whole of her ethnic community is aware that she is a 'handicape'. She expresses her difficulties thus: "Qui sanla pou faire moi demande? Zotte tout dire moi mo handicape. Qui la venir mo ena?" [Who will make a marriage proposal to me? All of them say that I am a disabled girl. What future have I?] This girl, who is desperate for for a future, as expected by her community, feels that she has no encouragement to carry on living, as she has been labelled disabled: "Mo pas gagne encouragement [I receive no encouragement]".

(147)

This respondent, aged between 42 and 47, has just lost his wife. He is a government employee. He has three young children, aged 17, 13, and 8. He is still in the grips of bereavement. This is how he explains his difficulties: "Depis mo finne perdi mo femme, mo senti qui famille finne abandonne moi. Zotte tiffi finne mort, zotte pas bizin moi. Mo ena trois zenfants. Zotte encore tipti. Qui maniere mo pou debrouiller? Mo senti moi bien bien isole. La cage la triste. Li dans noirte". [Since my wife's death, I feel that the family have abandoned me. Now that their daughter has died they don't want me. I've three children. They're still young. How could I manage? I feel myself very isolated. The house is in great distress. It is now in darkness]. He complains: "Mo pas pe gagne aucun aide. Qui pou arrive sa banne zenfants la? Moi nenrien. Zenfants la plis important: zotte la sante et zotte contentement". [I'm not receiving

any support. What will happen to the children? I don't worry about myself. The children are more important, particularly their health and happiness]. The additional problem is that the youngest child is mentally handicapped.

(148)

The mother-carer introduces me to her disabled daughter thus: "Aia li la, kouma ou trouve li [here she is, as you see her]". A lovely 24 years old girl, who is mentally and physically disabled. She can't speak. She has no control over her saliva. She is doubly incontinent. She has to be fed. In other words, she is totally dependent on others and is in a vegetative state. The carer says: "Mo bizin faire tout pou li. Mo bizin amene li dans toilette. Mo bizin baigne li. Mo bizin faire mange. Mo bizin guette li lor 24 heure pour 24 heure". [I've to do everything for her. I've to take her to the toilet. I've to bathe her. I've to feed her. I've to supervised her for 24 hours]. The other difficulty is that the pension money is not enough for her. She asks: "Ou pense kapave soigne li avec 400 roubles? Pou so medecine meme pas assez". [Do you think that a pension of Rs.400 is enough to look after her. It's not even enough for her medication]. She complains that there is help or advice from the Welfare Dept. Having just lost her husband and being in the process of bereavement, she says she is getting increasingly concerned of who will take care of her daughter, if she dies: "Quisania pou guette li, si un coup mo mort?"

(197)

getting into the shack with no door and a tiny window, the respondent introduces himself thus: "A la douma ou trouve moi la [Here I am as you see me]". This is probably the first time I encounter with such a painful case. He is aged between 31 and 36. Both his legs have been amputated almost to the joints of his hips. Lying on a low bed, a mixture of urine and excreta is dripping through a tube attached to him into a plastic container. The intensity of the heat makes the stench in the shack almost suffocatingly unbearable. Leaning against a dirty pillow, this angry informant, who feels that he has been let down by the Welfare Dept., cautiously tries to explain his difficulties for fear of getting into trouble with the government: "Mo pas capave faire nenrien. Si mo soeur (who says she is being beaten by her violent husband almost every day) pas amene un tigitte mange, mo mort sans manger". [I can't do anything for myself. If my sister does not bring me some food, I die of starvation]. He has told me several heart-breaking incidents. This one is worth mentioning. He says that one day he felt that he badly needed medical attention. He decided to go from Mont Roche to Jeetoo Hospital at Port Louis, which is several miles away and through reckless traffic condition. The wheelchair, which he used for this dangerous journey, was donated by the Red Cross several years ago. It badly needs replacing. U. himself has carried out some repair work on it with bits of string and wire. He explains: "Mo pousse mo calesse jiska l'hopitale Civil. Mo rinne arrive la pas. Mo si pose mo un dimoune malade moi. Lere mo arive la pas, docteur

chinois la vire so figure un cote. Li dire moi pas vinne encore". [I wheeled myself in the wheelchair to the Civil Hospital. I managed to arrive there. I was the sick patient. But when I was seen, the Chinese doctor turned his face the other side as if he could not look at the part of my problem. He then warned me not to come back again]. Accommodation is his other difficulty. He has been asked to vacate his shack. His pension of Rs.400, he says, does not take him very far. One of his essential needs for which he has to pay is: "Pale un dimoun pou mette moi lor mo chaise roulante tout le jour [To pay someone to put me on my wheelchair every day]". G. has approached Cheshire Home for a placement, but "Zotte dire moi zotte pas ena place pou moi [They have told me that they can't provide me with a placement]".

(150)

Male respondent, aged 30-35, has become paralysed after an operation. He describes his problems thus: "Docteur finne decouvé un malade dans mo colonne vertebrale. Mo pas capave plie sa. Docteur l'hospitale dire moi prend bus pou faire un l'operation coumsa. [Doctors have diagnosed a tumour in my vertebral column. I can't forget this. The hospital doctor asked me to come by public transport for such a major operation]. He is a very bitter man. He adds: "Mais mo finne pli malade. Avant mo ti capave marche. Astere la mo pas capave marche". [Despite the operation, my health has become worse. Before the operation I could walk. But now can't walk]. He feels that he would have died long ago if he did not receive the support of his mother and sister. About

his pension, he says: Dire d'anne ministre essai vive avec sa
 l'argent la [ASK the ministers to try to live on this
 (pension) money]. He adds: La misere un dernie affaire
 lor la terre. La misere avec l'enferre presque pareille .
 [Poverty is the worse thing on earth. Poverty and hell have
 almost the same disastrous consequences].

DISTRICT OF PORT LOUIS

(151)

An eight year old boy has some sort of muscle disease. His legs are so thin that he can hardly stand on them. Introducing me to the boy, the mother-carer cries and says: "Guette so li pieds couma finne vinni, couma baton manioque. Li pas capave alle l'ecole. Docteur finne dire so li pieds pou paralise". [Look at the shape of his feet. They're like typioka's stems. He can't go to school. Doctors have said that he will be paralysed]. She gets more upset: "Un seul garçon mo ena. Qui pechè mo finne faire, Bon Dieu?" [I've only one son. God, what sin have I committed?] She finds the hospital advice that she herself should do physio with her son ridiculous. She has also taken several vows and made many donations to the poor and needy, but she has seen no improvement in her son's health. This carer of Brahmin caste puts it thus: "Mo finne faire tout qualité promesse. Li pas pe bien même. Même mo finne donne charité tout le vendredi cotte mosquè". [I've taken all sorts of vows. But his health is not improving. I've gone as far as giving money to the beggars on Fridays at the mosque].

(152)

The 8 years old girl has severe mental and physical disabilities. She has to remain in bed most of the time. She is also doubly incontinent. Educated mother-carer is angry, accusing the government of callousness: "Gouvernement negligise banne handicapès. Zotte connais banne handicapès pas pou capave defende zotte. Zotte pas pou capave la guerre pou zotte bien-être". [The government don't care about the

disabled, aware that they are defenceless and unable to fight for their welfare]. The carer says that there are no facilities for her daughter and, as a result, she can't go to work, although she needs the money. Therefore, she feels that she is like a prisoner with her disabled daughter: "Mo couma un prisioniè avec li".

(153)

63 years old man is mentally and physically handicapped. He has nobody. He is wearing a pair of dirty shorts and a partly torn vest. He looks sick and emaciated. He won't talk. He is another clearly neglected Mauritian, who can do with some government support. His adopted niece is poor and has two children to take care of. The niece-carer speaks on his behalf: "Li resse tranquille mème. Li pas capave marchè. Guette couma li finne vinni. Si mo pas ti guette li, li ti pou mort sa". [He is always silent. He can't walk. Look, how deteriorated he has become. If I did not take care of him, he would have died]. The carer also explains a hospital incident where the doctor refused to provide medical care. She said that her uncle had been vomiting blood and had been taken to hospital for help. She argues his case thus: "Li pas ena personne. Qui consentement qui zotte pe rodè? Li pou reste la jisqua li mort?" [He has no next of kin. What consent (for operation) are you looking for? Do you want him to remain here (on stretcher) until he dies?]

(154)

8 years old boy has severe mental and physical disabilities. He crawls with difficulty to make himself mobile. He can't

speak. He has severely distorted eyes. He possesses about half the physique of an eight years old boy. He has a little dirty vest with holes. His bottom part is naked. Here is another abused and neglected disabled child to perhaps no fault of her mother-carer. The carer, aged 24-29, is a single mother with three young children. She looks emaciated, with bones poking up through her partly torn dress. Looking at her and her children is enough to make you cry. She has been given temporary shelter in an overcrowded shack rented by her sister-in-law. She explains her difficulties thus: "Mo gagne 240 roupies pension pauvre. Sa pas assez sa même pou mangè. Ena de fois nous alle dormi sans mangè". [I receive a pension of Rs.240 from Social Security, but it's not even enough for food. Sometimes we go to bed without food]. In response to my suggestion to discuss her money problem with Social Security Dept., she says: "Zotte pas prend conte. Perdi le temp pou alle guette zotte". [They don't take notice of you. It's a waste of time to see them]. She also has housing problem. Regarding her disabled son, whom she cannot look after, she has seen the Nuns for admission into a residential home, but they can't admit him: "Mais mo pas pe gagne un place dans couvent. Zotte dire zotte pas pou capave prend li".

(155)

Mentally and physically disabled husband, aged 66-71, has returned from Home and does not like it there. The wife-carer looks exhausted and is at the end of her tether. She clearly does not want him at home, but can't get him out. "Mo dire ou mo fatiguè arli. Mo même mo malade. Mo ne pli

capave guette li". [I'm exhausted with him. I myself am ill. I can no longer look after him]. She adds: "Mo pas gagne aide avec personne mo dire ou [I don't get any help from anyone]". She feels that there is discrimination against the Creoles in Mauritius: "Perna la jistice pou banne Creoles dans sa payi la".

(156)

Man, aged 60 - 65, is paralysed as a result of a stroke. He is hardly mobile. He has lost his speech. The wife-carer feels that her husband's health has deteriorated because of bad treatment from the hospital: "Lère mo ti amène li l'hopitale, zotte ti mette li en bas a cause pas ti ena lili. Li ti pou bien li, mais li finne gagne mauvais traitement dans l'hopitale. Lère li finne qitte l'hopitale, zotte ti bizin faire l'exercise arli. Zotte pas finne faire nenrien. Couma li finne qitte l'hopitale, zotte finne bliè li". [When I took him to hospital, there was no bed and he was left on the floor. He would have recovered if it were not for the bad hospital treatment. When he was discharged, there should have been physiotherapy. But nothing was done. As soon as he left the hospital, he was forgotten]. She complains that the pension is not enough even for his medication. However, she feels that she can't rely on the Welfare Dept. for support. Putting her faith in God, she says, is more likely to bring comfort: "Dimoune couma nous la zotte finne bliè. Qui mo pou faire? Pas capave faire nenrien. Nous mette tout dans la main Bon Dieu. Bon Dieu pe guette tout li". [Poor people like us have been forgotten. What can I do? I can't do anything. I've left it to God to

judge. He is witnessing all the injustice].

(157)

The daughter-carer looks tired and ill. She makes this prediction: "Un jour mo pou tombè. Mo pou mort guette mo mama moi". [One day I shall fall dead while caring for my mother]. Her mother is 80 years old. She is blind and ill. She is bed-bound, with severe bowel problems. She has to clean her, change her clothes, feed her, give her medication. She can't remember how long she has been doing all these. She gets up at 5 o'clock every morning, seven days a week, to cope with her mother's needs. She complains: "Mo pas gagne aucun aide avec personne. Gouvernement ti bizin donne moi un pli grand aide. Zotte pas interessè. Couma zotte gagne election, zotte fini avec ou zotte". [I don't get any help from anyone. The government, in my case, ought to give me more support. But they're not interested. After having won the election, they've nothing more to do with you]. She feels that she is like a slave with her infirmed mother: "Mo couma un esclave avec mo mama".

(158)

Sister-carer regards her 33 years old disabled sister as a symbol of sins and retribution: "Qui nous pou faire? Nous la croix sa. Nous même bizin chariè nous la croix". [What can we do? It's our cross. We ourselves have to carry our cross]. The sister is physically and mentally disabled, in addition to having severe speech impediment. She can't do anything for herself. The carer complains: "Bizin guette li couma un ti baba, Li pas capave faire nenrien. Bizin amène

li dans toilette. Bizin baigne li. Bizin change so linge. Bizin faire li mangè. Bizin faire de tout pou li". [I've to take care of her as if she is a small baby. She can't do anything. I've to take her to the toilet, to bathe her, to change her clothes, and to feed her. She needs help with everything]. The carer also complains about the inadequacy of the pension. One visit to the doctor itself, she says, takes the whole pension money. She feels that in her case she is entitled to more support from the government: "Pas gagne aucun aide avec gouvernement. Dans mo cas la mo pli mèrite aide gouvernement". [I don't get any support from the Welfare Dept. In my case I deserve more help].

(159)

88 years old mother, who is partially blind, has been caring for two disabled daughter, aged 58 and 55. Both suffer from diabetes. In addition, they have severely deformed legs and arms to the extent that they are dependent upon their ageing mother's support. The carer says: "Bizin faire depis 'A' jisqua 'Z' pou zotte [I've to do everything, from A to Z, for them]". She adds: "Mo couma un esclave ar zotte. Pas gagne aide gouvernement". [I'm like a slave with them. I receive no support from the government]. However, she sees her next greatest difficulty is money: "Nous lotte pli grand problème li l'argent. Zotte pension la pas amène nous loin". [Money is our next greatest difficulty. The pensions are not enough to manage].

(160)

The daughter-in-law carer, who limps heavily and looks ill,

complains that she is tired and finds it difficult to continue caring for her mother-in-law, who is 78 years old, paralysed, and bed-bound. The carer says: "Li faire tout lor lili. Mo mème mo netoiye li, mo change so linge, mo donne li so mangè. Mo pe faire sa pendant 15 ans". [She urinates and defecates in bed itself. I myself bathe her, change her clothes, and feed her. I've been doing these for 15 years]. The other problem is money. The carer complains that the pension paid to her mother-in-law is far too inadequate. If it were adequate, she says, as she is exhausted and ill, she will have hired someone to help her with the caring tasks: "Mo tia capave paiye un dimoune pou aide moi".

(161)

Man, aged 66 - 71, has been paralysed for the past 13 years. He can't move without help. He can't speak. He cries as his wife explains her difficulties as carer: "Mo mari ti en debardeur. Li ti tombè dans travaille. Li finne faire 17 jours l'hopitale. Docteur dire qui li pou bien, mais mo trouvè so condition finne vinne plis mauvais". [My husband was a stevedore. He fell at work. He was at the hospital for 17 days. The doctors said that he would recover, but I see that he is getting worse]. The exhausted carer adds: "Bizin faire tout pou li. Pas ena un repos avec li. Un lotte traca encore: si li tombè, mo pas capave lève li". [I've to do everything for him. There's no rest with him. There's another difficulty: if he falls (he seems to fall quite often), I can't lift him]. She continues in despair: "13 bannanè la 13 bannanè martire sa [The 13 years have been 13

years of suffering]".

(162)

This 17 years old boy has heavily deformed feet which restrict his mobility to only a few feet from the bed. He can use his deformed hands a little. He spends, because of his disabilities, all day alone in the boiling hot house, built of corrugated iron sheets. He whiles away the long day with his radio and tapes, waiting for his mother to return home from work in the late afternoon. He says: "La vie pas facile pou moi[Life is not easy for me]". He adds: "Mo espère mo mama pou donne moi mangè quand li sorti travaille [I wait for my food when my mother returns from work]". He has never been to school because there is no transport. He hopes to work one day. He would like to study radio and television engineering. Meanwhile, he spends the long, hot day, as he has been doing for many years, listening to the radio and waiting for his mother, to return from work, to take care of him.

(163)

Son-carer, a bachelor and a pensioner, is desperate for support to look after his mother: "Mo nepli capave guette li. Mais personne pas le prend li. Couvent dire zotte pas capave guette li. Masoeurs dire amène li l'hopitale. l'hopitale dire zotte pas capave faire nerien pou li. Dire moi qui mo bizin faire, missieur? Donne moi un l'idè". [I can no longer look after her. But no one wants her. The Convent says it can't take her. The advice of the Nuns is to take her to hospital. But hospital doctors say that

there's nothing they can do for her. Tell me, what I should do, sir. Give me some advice]. The 86 years old mother is completely paralysed. She is lying on a mattress on the floor under the furnace-like heat of the low roof, built of corrugated iron sheets. She can't speak. She looks very confused. At times she does not recognize her son-carer. She is also doubly incontinent. The son becomes very emotional. As he cries, he says: "Mo pe faire devoir un garçon. Mais combien mo capave faire sa? Mo pas capave continuè avec sa la vie la". [I'm doing the duty of a son. But how long can I go on doing it? I can't go on with this life].

(164)

This respondent is an amputee. He is so emaciated and weak that he can hardly handle his crutches. Regarding his health, he says: "Docteur finne dire moi mo malade pas capave soigné [Hospital doctor has told me that my illness is incurable]". He adds: "Nous bien misère, missieur. Nous pas ena mangè jordi". [We're very poor, sir. We've no food for today]. The rented shack, he complains, leaks like a basket. The shack is built of bits of old tins. A couple of jute sacks, stitched together, have been substituted for the door. It is raining heavily. On the rough flooring, several empty food tins have been strategically placed to catch the rain water. An old plastic sheet full of holes has been spread over the bed to prevent it from being from being soaked. There are a few wooden boxes which are being used to his belongings. He says: "Mo finne demoralisé avec sa la vie la [I feel fed up with this life]". Nonetheless, he adds: "Qui nous pou faire? Nous

bizin chariè nous la croix". [What can we do? We've to bear our cross].

(165)

Female respondent, aged 42 - 47, is partially paralysed as a result of a stroke. She is slightly mobile indoors. She looks ill. Her speech has been adversely affected, but it is comprehensible. Sitting on a bed on a dirty mattress, partly covered with bits of plastic sheets so as to protect against dripping rain water, she is trying to answer my questions. It's raining heavily. The tin shack is leaking, to use the Mauritian simile, 'like a basket'. Empty cans have been placed at strategic spots on the rough and unswept flooring to catch the rain water. An old chamber pot, full of faeces and urine, is lying near the bed. All around me I see poverty in its rawest and most painful manifestation. Poverty speaks most eloquently of the intolerable state of affairs facing the informant. I did not need her to tell me anything. It's there for all to see. Nonetheless, I felt I must listen to her. To my question about going to hospital for treatment, she says: "Perdi le temp l'hopitale, missieur. Banne docteur la avec banne nurse la guette ou couma dire ou un paquè kaka la bas". [It's a waste of time going to hospital, sir. The doctors and nurses look at you as if they're looking at a pile of faeces]. "Do your children try to help you?" To this she says: "Mo zenfants (she has five, aged from 21 to 28) pas guette moi. Zotte même ena zotte problème". [My children don't look after me. They've their own difficulties]. She also has housing problem. She relies on

her disabled husband pension to live.

(166)

The 69 years old grand mother complains of poor medical for her 7 years old grandson. The boy has one foot shorter than the other. He also appears mentally abnormal. The carer's complaint is as follows: "l'hopitale perdi le temp. Docteur la pas finne même guette li un minite. Li dire moi amène li l'hopitale mentale. So li pied qui pas bon. Li dire moi amène li l'hopitale fou. Li fou li, missieur?" [Hospital is a waste of time. The doctor had hardly looked at him for one minute, when he asked me to take him to the mental hospital. In your opinion, is he mad, sir?] She says that she is not well and the boy, who appears mentally retarded and tends to dribble constantly, is getting too much for her: "Mo bizin suive li même. Li pas capave lire. Pas capave envoiye li l'ecole. Bizin guette li même. Tout mo la vie fini coumsa même. Pas gagne aucun aide gouvernement". [I've to run after him. He can't read. I can't send him to school. I always have to watch him. I spend all my time watching him. I don't get any support from the government].

(167)

9 years old boy suffers from brittle bone disease. He has broken his legs 15 times and is house-bound. His mother is a single parent and is unable to look after the boy. Maternal grandmother, aged over 70 and is unwell, is looking after him. He does not attend school. The carer explains her difficulties thus: "So papa pas bon pou nerien. So mama resse tout seul. Li bizin travaille. Mo gagne malade nerve.

Mo pas capave debrouillè avec li". [His father is good for nothing. His mother lives alone and has to work. I suffer from a nervous disease. I can't look after him]. She says that a politician offered to help me with J's problems, but has not kept his promise. She puts it thus: "Avant election missiè la C dire moi done moi ou vote. Pas tracassè mo pou faire demarche pou J. Couma li finne gagne election pas trouve li di tout". [Before the election Mr C asked me to give him my vote and he would make sure that J got all the help he needed. But after his election he has not been seen at all]. Money to maintain the boy is her other problem. But her greatest concern is who will look after her grandson when she dies: "Si mo mort, qui pou arrive J?"

(168)

The 14 years old boy appears to be in a daze, unconscious of what is going on around him. He keeps on staring expressionlessly. This is frequently interrupted by loud snoring as if he is in deep sleep. The mother-carer says the boy does not talk, but he can walk. Nonetheless, she says: "Mo bizin faire tout pou li: amène li dans toilette, netoiye li, donne li so mangè. Mo amène li l'hopitale mentale si". [I've to do everything for him: taking him to the toilet, washing him, and feeding him. I've to do everything for him, including taking him to mental hospital]. This exhausted, harassed mother appears to be at the end of her tether. She continues: "Li dormi li ziè ouvere. Medicament la faire li coumsa. Si pas donne li so medicament, li faire mauvais. Li vinne violent. Li faire la rage". [He sleeps with his eyes open. This is the effect of

the medication. If I don't give him his medication, he behaves badly. He becomes violent. He gets into bad tempers]. The carer complains that the health conditions of her disabled son have made her work like a slave; and yet there is no welfare support from the government.

(169)

This person has become bed-bound as a result of a stroke suffered 5 years ago. She can't get up. As a result, she has developed bed sores. She can't speak. She cries as I am interviewing her widowed daughter-carer, aged 42 - 47, with young children. She says: "Mo mama pas finne gagne bon traitement l'hopitale. Traitement l'hopitale pas bon du tout. Zotte pas finne faire nenrien pou mo mama bien. Li pas ena un chaise roulante. Sa baton la un mo voisin Musuleman qui finne range sa pou mo mama". [My mother did not receive proper treatment at the hospital. Hospital treatment is not good at all. They've done nothing for my mother to recover. She does not have a wheelchair. This walking stick (a crudely made supporting stick) has been made by my Muslim neighbour]. There was hospital out-patient treatment, but she has stopped it for these reasons: "Ena jour l'ambulance vinni. Ena jour li pas vinni. Si li vinni si, chauffeur la mette so la main dans so poche. Li dire moi mette mo mama dans l'ambulance". [Some time the ambulance came. Some time it did not. If it came, the driver put his hands into his pockets and asked me to put my mother in the ambulance]. She also complains about the inadequacy of the pension. She adds that nobody cares about the poor: "Zotte traitement malhereux pas bon. Si ou cause trop boucoup lor ou droit,

zotte dire ou allè". [The treatment for the poor is disgusting. If you insist on your right for better treatment, they ask you to get out].

(170)

This respondent, having been subjected to a long period of untreated diabetes, has become totally blind. Her additional difficulty is that her husband-carer, upon whom she relies for keeping body and soul together, is becoming increasingly senile and, as a result, unreliable. Crying, she says: "Mo la vie finne citant changè jisqua mo pas finne trouve claire. Plito mo mort". [The conditions of my life have worsened since I lost my eye-sight. I prefer to die]. She complains that the pension money is not enough to see her through, but, she adds: "Mo pli grand difficultè mo pas trouve claire. Mo pas capave faire nenrien. Mo bizin depen lotte dimoune pou amène moi l'hopitale. Perna aucun aide. Mo pli grand la peur la qui un loto capave tappe avec moi". [My greatest difficulty is that I'm blind. I can't do anything. I've to rely on others to take me to hospital. There is no help. My greatest fear is that I might be hit by a car]. She wonders what sins she has committed to be punished with blindness: "Si pas qui pechè mo finne faire pou jordi mo pas trouve claire".

(171)

Male respondent, aged 42 - 47, is paralysed as a result of a stroke. He can't do much for himself. His wife goes to work. He is dependent upon his wife in many respects. This is his complaint: "Mo senti moi bien bien tout seul, bien bien

malhereux, depi mo pas capave travaille. Femme faire dominaire. Ou pas capave dire nenrien. Si ou pas capave travaille, un fourmi ena pli grand valeur qui ou". [I've been feeling very lonely and unhappy since I could not work. Wife has become domineering. You can't say anything. If you can't work, an ant is more valuable than you]. He says the pension is inadequate. Because of this his wife has to work. He has to wait for her return from work for food. There is nobody to help. He adds: "La vie finne vinne bien bien difficile depi mo finne paralise. Plisieur fois mo dire momeme: qui pou faire vive?" [Life has become very difficult since I was paralysed. Many a time I ask myself: what is the use of living?]

(172)

The elderly mother-carer explains her difficulties thus: "Seule grand traca mo ena. Si mo mort qui pou arrive li". [The only main worry I've is that who will care for him if I die]. The carer is in her 70s, is a widow, and all her able-bodied children have left home. Her 34 years old son is physically and mentally handicapped. He can't talk. He can't hear. He is doubly incontinent. In short, he can't do anything without help. The carer summarizes her son's difficulties thus: "Tout quique chose bizin faire pou li. Li pas capave faire nenrien". [Everything has to be done for him. He can't do anything for himself]. Her adds with some frustration: "Astere la mo bizin aide pas trouve sa banne politiciens la. Cotte sa banne Ministes la?" [Now that I need help I can't get it from the politicians. Where are the Ministers?]

(173)

Sister-in-law carer says: "Bizin guette li couma un ti baba [She has to be looked after like a little baby]". The person referred to is aged 30 - 35. She has an arm that she can't use. She almost drags herself to make herself mobile because of a heavily deformed leg. She is also mentally handicapped. She attends the mental hospital as an out-patient. She is on medication and is like a zombie. She is dependent upon the carer, who looks anaemic, ill, and fed up: "Mo mème mo malade. Mo ena mo zenfants pou occupè. Bizin mette li dans un couvent Musuleman. Mais so banne famille pas le. Zotte pas occupe zotte. Qui zotte connais qui martire mo passè?". [I myself am sick. I've my own children to take care of. She must go into a Muslim Home. But her family don't want to send her there. They don't look after her. Therefore, they don't understand my difficulties].

(174)

The 68 years old mother-in-law has become blind for the past five years and, as a result, has to depend on the carer to keep going. She says that she has never gone out since she has become blind. Deteriorating physical condition and the unsuitability of her accommodation, ie. dangerous steps, items of furniture in the way, and lack of space, have limited her mobility to remaining in bed. The daughter-in-law-carer complains: "Mo mème mo gagne malade nerve. Pou ti tour grand tour tout mo mème mo bizin amème li dans toilette. Bizin faire li mangè tout sa la". [I myself suffer from nervous disease. I've to take her to toilet. I also

have to feed her]. The other difficulty, she continues, is that her pension money is not enough to pay for medical treatment, let alone money for special diets. She says: "Nous mette nous l'argent ensemble nous debrouillè [We put our income together and cope]". She complains that she is not getting any help from the Welfare Dept. She also mentions the overcrowdedness of her housing condition. Three adults, including the blind lady, and two children are living in a shack consisting of two rooms of no larger than 10 x 10 feet.

(175)

Mother-carer has two sons, aged 11 and 20. The first suffers from cancer and health is deteriorating very fast. He is completely helpless. The 20 years old son has severe mental illness. He is on medication. He is like a zombie, staring vaguely and quietly where he is tied to a tree at the back of the house. About him, the carer says: "Li donne moi boucoup traca. Parfois li rode sauvè. Li alle dehor li faire ti tour tout en place. Docteur mental finne dire moi li bizin resse dans l'hopitale. Mais coument mo capave qitte li labas? Dimoune pou dire nous ena dimoune fou dans nous la cage". [He gives me a lot of worries. Sometimes he tries to run away. He defecates and urinates where he is. Doctors have said that he must stay in mental hospital. But how can I leave him there? Neighbours will know that we've a mad son at home]. This desperate mother complains that she does not get any help from the Welfare Dept., apart from a disabled pension for the boys. She adds: "Jour en jour la vie la pe vinne pli difficile. Ena de fois mo dire qui faire Allah pas

prend zotte". [Life is becoming increasingly difficult. Sometimes I say to myself why Allah does not take them away].

DISTRICT OF RIVIERE DU REMPART

(176)

81 years old ex-fisherman is lying still in bed with a partly torn felt hat on his head. The house, built of stones and corrugated iron sheets, is almost bare. They are a very poor family. The wife-carer, who is in her late 60s, looks emaciated and ill. The carer says: "Depi 4 ans li coumsa la. l'hopitale pas traite dimoune couma bizin". [He has been like this for the past 4 years]. He did not receive proper treatment at the hospital]. The carer is very depressed. She cries as she speaks: "Li faire tout lor lili même. Mo même mo bizin netoiye li, baigne li, change so linge, faire li mangè". [She does everything in bed itself. I myself have to clean him, bathe him, change his clothes, and feed him]. She complains that social change has made her children abandoning her and her husband to their own devices. She indicates that they rarely receive a visit from them. She finds life very difficult: "La vie bien bien dure. Jisqua li mort mo la vie pou coumsa même. Apres sa mo pas connait qui mo destin". [Life is very tough. Until he dies I can't see change. After that I don't know what is going to happen to me].

(177)

Female respondent, aged 66-71, can't use her legs and is house-bound. As she talks, she cries and gets angry against a named doctor and a hospital. She was a domestic servant. While working, she slipped and, as a result, she broke a leg. The foot was put in plaster. She continues: "Lère la mo finne bien. Mo capave marchè. Mo pas ti ena aucun problème

avec li. Un jour un docteur l'hopitale dire mo marche traverre. Si pas qui li finne faire avec mo deux li pieds. Jisqua sa mo pas capave marchè". [Then the foot became o.k. I could walk without difficulty. One day the hospital doctor said I was not walking normally. I did something with my feet. From then on I could not walk]. She describes the doctor as an executioner: "Sa un boureau sa pas un docteur". She adds: "Plito ou ena ou la santè qui ou un millionaire [It's better to enjoy good health rather than to be a millionaire]".

(178)

The wife-carer, who is about half the age of her disabled husband, appears to be a very dissatisfied and impatient person. Introducing me to her 66 years old husband, she says in an aggressive tone: "Mo la vie pe fini avec li. Mo couma un servant avec li. Li pas le alle dans couvent". [My life is being wasted with him. I'm like a servant for him. He does not want to go into a Home]. As the carer speaks, the man cries, feeling unwanted and a burden. Apart from his inability to use his legs, he has difficulty to speak. He says: "Qui mo pou faire? Mo malade. Cotte mo pou allè? Bizin sipportè". [What can I do? I'm sick. Where can I go? I have to bear the insult]. The carer complains that she has been carrying the burden of looking after her husband for the past 6 years. She also says: "Sa ti pension la pas assez pou soigne li [This small pension is not enough to take care of him]".

(179)

"La vie bien dure [Life is very difficult]", the 74 years old amputee informs me on a noisy roadside near a rum shop. He is also partially blind. This ex-fisherman is very articulate and does mince words particularly in matters relating to public corruption. Sitting confidently in his partly broken wheelchair, he explains that he lost legs as a result of an injury from a nail and which developed into gangrene. He is angry that he had not received adequate treatment in the hospital. He blames the hospital for the amputation of his legs: "Zotte pas finne soigne moi. Docteur dans l'hopitale tanque pas donne zotte l'argent pas soigne ou. Docteur la pe rode so l'argent li. Pas donne l'argent pas gagne traitement". [They (hospital doctors) did not give me proper treatment. They will not treat you unless you bribe them. In my case, the doctor was waiting for his bribe. No bribe no treatment]. This respondent says that he did not have money to bribe the hospital doctor. Consequently, he believes, the doctor chose the easiest means of dealing with him and amputated his legs. Discussing corruption further, he assures me: "Si ou pas conne un deux grand dimounes, ou pas gagne aucun aide gouvernement. Mo ti bizin guette Ministre pou mo gagne mo calesse". [If you don't know one or two influential people, you don't get any help from the government. In my case, I had to see a Minister to be provided with a wheelchair]. He also complains of isolation and has to rely on goodwill of neighbours to be taken out.

(180)

Male respondent, aged 30-35, has become a drug addict and, as a consequence, has been ostracized by his family. In the Mauritian context, he is a bright young man. He was awarded a scholarship. His relatively well-off family could not cope with the stigma brought by his drug addiction. Lying under a large tree, for protection against the midday sweltering sun, in front of a rum shop, he explains his difficulties partly in English and partly in patois: "I'm addicted with drugs. My family feel ashamed. They don't want me". He spent a fortnight in mental hospital, but feels highly critical of its treatment: "Mo finne faire deux semaines l'hopitale mental, mais sa perdi le temp sa. Mo senti moi plus mieux la. Zotte tuè ou avec medicaments la bas". [I spent two weeks in mental hospital, but it was a waste of time. I feel better here. They kill you with medication there]. This young man says he will like to become a social worker so that he can help others in his situation. He is clearly crying for help.

(181)

Male respondent, aged 54 - 59, with a fairly good education. He speaks mainly in English. Sitting on his verandah, which is furnished with old bits of furniture and looks depressing, he puts his problems thus: "I've lost my eyesight. It had not been too good in the past. It's now 26 years since I've lost it completely. Life has become worthless since". He continues in patois: "Mo ena capacité. Mo capave faire un quantité quique chose. Mais zotte pas donne ou facilitè". [I've abilities. I can do a lot of

things. But one does not have the opportunities to prove oneself]. He adds: "The state is unsympathetic, but it does not do enough to help. Mauritius don't care for people like me. I've nothing to thank them for. South Africa has done more for me. I receive books in braille from there".

(182)

"Faudè li mort qui zotte pou dire qui li handicapè et li bizin gagne un ti aide [Must he die to prove that he is disabled and needs some help]"?, asked the carer. The 25 years old son is deaf and dumb. Although he has the potential to learn anything that will enable him to earn a living, there seems to be opportunities to do so. Therefore, he is dependent upon the carer and his father, a blind man. The carer complains: "Zotte pas interesè. Zotte dire li pas merite aide l'argent, malgré mo bizin faire tout pou li". [They are not interested in helping him. They say that he is not entitled to a disabled pension, despite the fact that I have to do everything for him]. The carer adds: "Li un plis grand traca pou nous. Li pas ena aucun la venir. Mo ena un grand tiffi dans la cage, mais zotte peur pou mariè li a cause so frère handicapè". [He is our greatest worry. He has no future. I've a big daughter at home, but families are afraid to make a marriage proposals because of her handicapped brother].

(183)

41 years old male respondent fell from the terrace of his house into a hole 20 feet below. He was sleep-walking. As a result, he has severely damaged his back and is totally

paralysed and is bed-bound. He cries. He is very depressed. He says: "Ena de fois mo prefère mort [Sometimes I wish I was dead]". He stayed for six months in hospital. This is how he describes his hospital experience: "Pas ena aucun traitement. Docteurs bien delica. Zotte pas trappe ou. Zotte guette ou depi loin, couma dire ou un paquè kaka". [There's no treatment in hospital. Doctors find me repulsive. They look at you from a distance, like a pile of faeces]. He waited for 4 years to get a wheel-chair. He was a musician, used to travelling all over the island to participate in musical events. Thus he made many friends. Now he finds himself painfully isolated: "Mo senti bien bien tout seul. Pas trouve personne". [I feel very lonely. I receive no visitor]. He burst out crying: "Ah Bon Dieu, qui faire ou pas prend moi [Oh God, why don't you take me away]".

(184)

The mother-carer introduces me to her deaf and dumb married son, who is totally dependent upon her. The carer is a widow and has also other children to support. She says: "Mo finne faire boucoup promèse pou li bien. Mo mette la bougie Père Laval. Mo finne marchè mo alle Grand Bassin. Mais li pareille même". [I've made many vows for him to recover from his disabilities. I offered candles to Père Laval. I made a pilgrimage to Grand Bassin. But his conditions have remained unchanged]. She complains bitterly that she has now to look after her disabled son and his wife, who is heavily pregnant. In response to a question relating to the marriage of her son, she says in a tone mixed with some regret: "Li

dire moi tout garçons dans so l'age finne mariè. Li dire moi qui faire mo pas mariè. Li la guerre avec moi boucoup même. Mo finne mariè li. So famille misère. Li un zenfant mo famille sa. Un zenfant mo soeur sa. Qui mo pou faire? Mo bizin chariè mo la croix". [He repeatedly told me that all the boys of his age had already got married. He asked me why he did not also get married. He harassed me continuously until I had to marry him. Her family (daughter-in-law's) is poor. She is my relative. She is my sister's daughter. What can I do? I've got to bear my cross]. Now the carer is anxious as as to whether the unborn baby will inherit its father's disabilities. I suggested that a specialist doctor has to be consulted.

(185)

A 15 year old boy has been brought from the back of the house to show me his disabilities. He is presented in an wheelchair, with flat tyres, which is coming apart. He has severely deformed hands and feet. He can't speak. He is also mentally handicapped. He looks neglected and abused, with his emaciated body, torn and unwashed shorts and vest, and long, unwashed, dishevelled hair. The carer, who has a pitiable appearance, is a widow. She has just returned from work. She puts her case thus: "Mo ti resse cotte mo belle mère. Lère mo missieur mort, zotte finne pousse moi. Mo mama finne donne moi avec mo zenfants (2 children) un ti place. Mo pas capave guette li, missieur. Mo misère. Mo bizin travaille. Guette un couvent pou li, missieur. Bon Dieu pou beni ou". [I lived with my mother-in-law. When my husband died, I was asked to leave. My mother has given me a room

for myself and my children. I can't look after him, sir. I'm poor. I've to work. Find a Home for him, sir. God will bless you].

(186)

The 18 years old boy has severe mental and physical disabilities. He has to crawl with great effort to make himself mobile within the house. He can't speak. It is painful to watch him struggling to move about. His parents are comfortably well-off and work for the government. He is being looked after by his aunt. The carer says: "Bizin faire tout pou li. Li pas capave faire nenrien". [I've to do everything for him. He can't do anything for himself]. The family's greatest concern is: "Pas capave tire li. Dimoune guette ou même, mais qui nous pou faire?". [We can't take him out. People keep on staring, but what can we do?]. Money is not a problem, the carer says. Another major concern for the family is what will happen to the boy if there is no one to take care of him: "Nous pli grand problème qui pou arive li, si nous pas capave guette li. Nous ti bizin gagne conseil lor la". [Our main difficulty is that what would happen to him, if we could not look after him. We need advice about this concern].

(187)

The mother-carer brings her 8 years old son for the interview on the verandah. The boy is sadly deformed, with a very large head, little mouth with a few protruding teeth, no nose, no eye-sight, and tiny little feet. He can hardly stand on them. His hands are equally tiny. His lovely and

courageous mother, with tears in her eyes, explains her difficulties thus: "Mo pas dormi asoir. Si pas qui pechè mo finne faire. Jiste Bon Dieu qui connais. A cause li, pas connais qui dimoune la pe pensè lor moi". [I can't sleep at night. I don't know what sin I've committed. Only God knows. I wonder, because of him, what neighbours are thinking about me]. She says that there is no help from the government. The boy is never taken out because of his distorted appearance. Burst out into into tears, this worrying mother says that only God can understand her pain for having a disabled boy like hers: "Necque Bon Dieu connais qui mannière mo pe souffeur".

(188)

A young mother says: "Pas gagne aucun conseil avec gouvernement. Parfois ou demoralisè". [There is no advice from the Welfare Dept. Sometimes I feel demoralized]. Her 7 years old son is deaf and dumb. He attends a school, but she sees the boy making no progress. Distrustful of hospital treatment, the carer has spent a lot of money on private doctors, but to no avail. She says: "Mo finne faire boucoup promese. Même mo finne donne sacrifice la vie. Mais pas finne trouve un bout". [I've taken many vows. I've even sacrificed lives (black goats and cocks), but there's no change]. She adds: "Mo bien triste. Dimoune la pou pense conte ou. Qui pechè mo finne faire?" [I'm very sad. Neighbours tend to think ill of you. What sin have I committed?]

(189)

"Dimoune misère zotte pas prend conte. Nous problème nous pas ena personne pou la guerre pou nous". [The needs of the poor are ignored. The problem is that there is nobody to stand up against the authority for us]. This is what the mother-carer says as she welcomes me. She is not well, as she has been trying unsuccessfully to control her diabetes for the past few days. She has just got up. It is already midday and very hot. She also has deformed feet and hands, which, she says, add to her difficulties. She introduces me to her 12 years old son: "Couma ou trouve li la. Mo mème bizin faire tout pou li. Un aide gouvernement pas gagnè". [This is how he is. I myself have to do everything for him. There is not a single help from the government]. The boy's feet and toes are tiny and turned up like hooks, which limit his mobility. As if this is not enough, each hand has only one finger. The carer has approached the Welfare Dept. for a pair of special shoes for the boy, but her request for help has been rejected. She says that she can't buy shoes for her son as they cost between two and three hundred rupees: "Souliers coute deux trois cent roupies. Mo pauve. Mo pas capave achetè". [Shoes for him cost between two and three hundred rupies. I'm poor and can't buy them]. She also complains that there is no school facilities for her son. He has never been to school. The carer says that she has another son, aged 14, who has similar disabilities as this boy.

(190)

A 47 year old woman has a pair of severely deformed feet,

with two long toes in each foot. As a result, she can't walk. She also suffers from diabetes and high blood pressure. She is lying in bed in a dark room with no window. She looks ill. She says it is a waste of time going to hospital. The carer is her 17 years old daughter. "Ou trouvè couma li été? Li pas capave faire nenrien. Mo bizin faire tout pou li. Tout la charge tombe lor mo zepaulles". [Can you see how she is? She can't do anything. I've to do everything for her. All the responsibilities fall on my shoulders]. This young carer says she needs help from the Welfare Dept., but can't get any. She adds: "Nous misère. Zotte pas prend dimoune misère conte. Mo decouragè, mo dire ou. Parfois mo le quitte la cage mo allè". [We're poor. They don't notice of poor people. At times I want to leave the house and go somewhere else].

(191)

This respondent is a tall, emaciated, lonely, and sick man, who is in his late 50s. Sitting on his bed in a small shed-like house, built of rough bits of wood and corrugated iron sheets, with no light, and a few boxes to keep his personal belongings, he says: "Mo malade. Mo pas capave guette moi. Mo pe mort. Personne pas aide moi. Ni garçon ni belle fille prend moi conte. Finne jise pou mort". [I'm ill. I can't look after myself. I'm dying. Neither my son nor my daughter-in-law takes care of me. It's time to die]. Although he is a Telugu, he seems to have a great mastery of Hindi. He recites a number of quotations from the Hindu scriptures, perhaps consoling himself that life's pain should be borne with fortitude in the interest of next

reincarnation. Unable to look after himself, this respondent says: "Mo le alle dans couvent. Mo finne faire demarche, mais mo pas finne regi". [I want to go into a Home. I've tried to find a place, but I've not succeeded].

(192)

Male respondent, aged 60-65, is partially paralysed as a result of a stroke. He was discharged after five days in hospital. He is bitter about hospital treatment: "Docteurs pas prend conte. Mo finne tombè dans l'hopitale. Personne pas interessè". [Doctors don't care. I fell in hospital, but nobody showed any interest]. He adds: "Mo dire docteur la mo dans campement ici ou mo dans L'hopitale? A cause mo faire plainte, docteur la donne mo decharge avant mi finne bien". [I asked the doctor if I were in the sugar estate hospital or in the government hospital? I was discharged before I recovered because I kept on complaining about the poor treatment]. He has been given no physiotherapy. He has made a rough stick to make himself mobile. He believes that there is racial discrimination in hospital: "Ena discrimination raciale teribe ici dans L'hopitale".

(193)

The carer is in her late 60s and her physical condition is fast deteriorating. She complains: "Pas ena aucun aide. Mo même bizin alle cherche so medecine. Bizin faire tout pou li". [There is no help. I myself have to collect his medication from the mental hospital. I've to do everything for him]. The son is 39 years old and is mentally handicapped. He can't speak. He is violent. He was admitted

at the mental hospital sometime ago, but, because of lack of care, he was removed from there only after three days. The carer uses private clinic for the treatment of her son. Her main concern is: "Si mo mort, qui sanla pou guette li? Si mo mort, li bizin alle dans couvent". [If I died, who would look after him? He would have to go into a Home]. At the moment the son is on valium and spends his time, to put it in the words of the carer, "Mange en place, dormi en place [He sleeps at the same place where he eats]".

(194)

The 26 years old daughter is deaf and dumb and is also mentally handicapped. The mother carer sees her as her greatest worry. She explains her difficulties thus: "Qui pechè mo finne faire, Bon Dieu? Mo pas gagne someil a cause li". [What sin have I committed, God? I can't sleep because of her]. The disabled daughter is viewed as a stigma on the family and a serious barrier to the children, especially the daughters, to find marriages: "A cause li, dimoune pas le mariè nous zenfants". The carer is also worried about her disabled daughter's future, if she dies: "Qui pou arrive li, si mo mort? Jordi jour, chacun so zaffaire". [What will happen to her, if I die? Nowadays one cannot rely on relatives]. She complains that there is not enough support from the Welfare Dept. She finds the pension inadequate.

(195)

The wife-carer's husband is partially paralysed following a stroke. While in hospital, he fell from a chair and broke a leg. This has added to his disabilities and restricted his

mobility only to a few yards at a time. He has developed a severe speech impediment. Carer also has health problem: she attends the mental hospital for treatment. Being at the end of her tether, she says: "Mo pas connait qui mo pou faire avec mo la vie. Bizin faire tout pou li. Mo pe vinne pli fole avec li". [I don't know what to do with my life. I've to do everything for him. My mental health is becoming worse with him]. She complains: "Zotte pas finne faire nenrien pou mo mari. Ici bizin donne gousse pou gagne pension. Cotte mo pou gagne 6000 roupies? Mo envoiye faire foute". [They've done nothing for my husband's health improvement. In this country one has to bribe the officials in return for a pension. Where from will I get Rs.6000? They can keep it].

(196)

The 43 years woman suffers from a form of mental depression. This illness is a long standing one. She tends to sit on the edge of the bed in a dark room and stares at the ceiling for hours. I asked the sister-in-law carer if she has already taken her to see a doctor, she says: "Sa pas capave faire nenrien avec li. Li finne gagne malade Bon Dieu. Docteur pas capave soigne li sa". [She cannot be treated. She has contracted a God-given illness. Doctors cannot treat it]. She is clearly neglected, as evidenced by her dishevelled appearance. The carer also complains that there is no pension for her mentally disabled sister-in-law and has to feed her from her own meagre income. In response to my question that she should try to get some help from Social Security, the carer says: "Tro boucoup traca pou faire

demarche pension. Perdi le temp sa. Nous soigne jisqua li vive". [It's too much trouble to try to get her a pension. It's a waste of time. We'll look after until she dies].

(197)

Lonely female respondent, aged 78-83, suffers from ulcers in both legs to the extent that she can hardly walk. She feels that going to hospital for treatment is a waste of time. She is applying a self-prepared mixture of sulphur and oil, which, she agrees, is not working. She appears fatalistic and sees no point of trying to get a cure for her problem: "Ta lère pou mort même [Soon I'll die]". She also complains of loneliness: "Mo tout seul dans la vie. Personne pas prend ou conte le temp ou finne vinne vieux. Finne jiste lère pou mort". [I'm lonely. Nobody is interested in you when you become old. It's time to die]. However, she adds: "Mo destin sa pou mort dans la misère. Mo bizin chariè mo la croix". [It's my fate to die in poverty. I've to carry my cross].

(198)

53 years old husband is completely paralysed as a result of a stroke and lack of effective after-care. He has also totally lost his speech. He cries almost continuously during the interview, which is a symptom of severe depression perhaps aggravated by loss of power of expression and his dependency on the goodwill of others to live. The wife-carer asks: "Qui la vie mo ena avec un mari coumsa [What life is there for me with a husband like him]?" She complains that she does not get any help from anyone: "Mo bizin faire li mangè. Bizin amène li dans privè. Bizin baigne li". [I've to

feed him. I've to take him to the toilet. I've to bathe him]. Frightened from past experience at the hospital, he feels that he will die, if he has to go back there. The carer puts it thus: "Li dire ou li pas pou alle l'hopitale. L'hopitale li pou mort". [He says he does want to go to hospital. He believes he will die there, if he goes to hospital]. The carer complains that the pension money is not enough. She has to borrow money from relatives to buy medication for her husband and food for the family. She feels that the government ignores people in her situation: "Zotte pas prend nous conte".

(199)

Mother-carer is worried about 5 years old boy, with a foot shorter than the other. As a result, he has difficulty to walk and tends to fall. The carer says: "Nous finne amène li l'hopitale. Docteurs dire pas tracassè. Li pou bien. Mais li pas bien même. Combien promesse mo finne faire. Tout cequi dimoune finne dire moi mo finne faire. Li finne resse pareille même". [We took him to hospital, but the doctors said not to worry and he would be alright. But his condition remains unchanged. We've also taken many vows. We've done everything that neighbours have advised us to do. But there has been no improvement]. The carer is worried how the boy will earn his living when he grows up. She adds: "Nous ti a content gagne un ti conseil. Nous pas dormi a cause so traca". [We'll like to have some advice. We don't sleep well because we're worried for him].

(200)

10 years old grandson walks with some difficulties as a result of having to walk almost on his toes owing to problem with his feet. As a consequence, he is heavily dependent on the grand mother-carer. The boy and his younger sister have been left by his father, who is studying medicine in France. The children's mother has also joined her husband. The carer complains: "Mo finne vinne vieux. Mo pas capave occupe li. Mo finne dire so papa faire demarche pou li vinne la France. Li pas pe capave". [I've become old. I can't look after him. I've asked his father to bring him to France. But he can't do it]. She adds that money is another difficulty, as the children's parents don't send any. The grand mother finds it difficult to cope with her pension. Her biggest worry is that what will happen to the boy and his sister in case she can't look after them.

DISTRICT OF SAVANNE

(201)

This respondent, who is in his 70s, is a lonely, single man, suffering from a broken hip and with severe depression. He walks, with extreme difficulty, with the support of a crudely-made stick. He cries as he speaks in a noisy rum shop: "Problème avec mo lerain finne casè. La vie finne fini. Qui mo pou faire? Finne lère pou allè". [The difficulty is that my hip has broken. Life has nothing left for me. What can I do? It's time to die]. He also complains bitterly about the poor treatment he has been receiving from the hospital: "Reste un journè cotte l'hopitale. Docteur donne panadol. Li dire pas ena medecine. Li dire alle achetè. Li dire vinne guette li dans so la cage. Si ou pas capave paiye docteur, ou mort". [I spent the whole day at the hospital, but the doctor would not give me anything more effective than panadol. He said that there was no other medication. He said if I wanted better medication, I should buy it myself. But he advised me to see him as a private patient at his residence. If you can't pay the doctor's fee, you die].

(202)

Mother-carer feels unable to cope with 27 years old physically and mentally handicapped daughter. The carer complains thus: "Mo la vie finne ruinè avec li. Li faire ti tour grand tour tout lor li même. Li pas connait quand sa arrive li. Bizin faire tout pou li absolument". [My life has been ruined with her. She wets and soils herself. She can't control herself. As a result of her disabilities, she is

totally dependent upon me]. The carer says her daughter is an out-patient at the mental hospital. However, she uses mainly private doctors. She complains that the pension is not even enough for her medication. She stresses that she does not only rely on Western medicine in search for a cure for her daughter. She also takes vows. She sees her daughter stigmatizing the family: "So presence li delica pour la famille. Dimoune pensè qui nous un famille fou". [She is not good for the image of the family. People draw the conclusion that we're a mad family]. She would like to place her in a good Home, but can't find one.

(203)

The grandmother-carer, who suffers from angina, diabetes, and, as a consequence, her health is debilitating, is caring for her severely disabled 18 years old grand daughter. She is deaf and dumb, apart from being mentally and physically handicapped. The carer says: "Tout mo la vie pe fini avec sa tiffi la. Tout mo l'argent finne fini. Mo finne vide tout avec docteur, avec traiteur. Mais un boute pas finne trouvè". [I've wasted all my life with this girl. I've used all my savings after her. I've unloaded all my money to doctors and witch-doctors; but her conditions have remained unchanged]. She has now resigned to carrying on with her caring role until she dies: "Mo guette li jisqua mo mort. Apres sa mo mette li dans la main Bon Dieu. Bon Dieu bizin guette li". [I shall look after her so long as I live. After my death, I entrust her to God. God must take care of her].

(204)

Crying, the mother-carer says: "Mo finne faire tout pou faire li bien. Mo finne guette docteurs. Mo finne guette traiteurs. Mo finne promesse. Astère la mo mette li dans la main Allah. Li mème pli grand. Li capave faire li bien". [I've done everything for his recovery. I've seen doctors, witch-doctors, and I've taken vows. Now I en trust in Allah for his recovery. He is the all-powerful. He can give him his health back]. The 17 years old boy has been paralysed and is wheel-chair-bound. The mother complains: "Li lourd. Bizin lève li. Li pas facile". [He is heavy. I've to lift him. This is not easy]. The carer does not regard money as the major problem. She is more concerned of what will happen to her son if in case she can't look after him: "Qui pou arrive li, si mo pas capave guette li? Si par malheur mo malade. Mo pas capave occupe li. Mo pas pou connait qui bizin faire. Cotte bizin allè". [What would happen to him, if I could no longer take care of him? For example, if I fall ill and I can't look after him. I would not know what to do and where to go for support].

(205)

This respondent, who is in his late 60s, partially paralysed, and is depressed, expresses a wish to die. He says: "Mo ti un dimoune qui ti ena bon la santè. Depi mo finne gagne sa maladi la, mo la vie finne fini". [I used to enjoy good health. Since my illness, there is no happiness]. The wife-carer, being in poor health herself, is gradually finding it increasingly difficult to cope with her disabled husband and, as a result, is losing her patience:

"Bonnefemme si encolère. Mo plorè, mo dire ou (tears in eyes). Mo dire qui faire Bon Dieu pas prend moi?" [My wife gets angry. I cry, I tell you. I ask God why he does not take me away?] He also complains that the pension money is not enough. He says that hospital treatment is unsatisfactory. He adds: "Faudè paiyè pou gagne soin [For proper care one must be able to pay]".

(206)

The 19 years old boy has severe mental and physical disabilities. He can't speak. He is doubly incontinent. He is totally dependent upon his father-carer. His father is feeding him as I'm talking to him in a back room of his shop. The carer says: "A la couma mo la vie pe allè la. Li mo zenfant avec mo premier femme. Depi li tipeti li finne handicapè. Bizin guette li couma un ti baba". [This is how my life is moving on. He is my son from my first marriage. He has been a disabled since childhood. He has to be cared for like a little baby]. This caring father continues: "Zotte encore loin pou aide banne dimoune pauve. Zotte bizin coummence aide dimoune dans mo sitiation. Li empêche moi travaille. Bizin ena un couvent pou occupe banne zenfants couma li la". [The government are not helping the poor adequately. It's about time that they start helping people in my situation. He is a serious obstacle to my work. There ought to be a Home for disabled children like him]. Being distrustful of politicians, he adds: "Mais sa banne politiciens la guette zotte prope poche. Zotte pas interessè dans banne bon travaille social". [But the politicians look after their own interests. They're not interested in

introducing effective social welfare].

(207)

Sister-carer, suffering from angina, elephantiasis, and deteriorating health, is caring for older brother, who has had both legs amputated as a result of gangrene. Sitting in their rented shack, which is leaking like a 'basket', she says: "Mo mème mo malade. Si mo mort, qui sanla pou guette li? Sa mème mo pli grand traca". [I myself am sick. If I died, who would take care of him? This is my greatest anxiety]. She adds: "Mo finne vinne couma un esclave avec li. Mo bizin faire tout pou li". [I've become like a slave with him. I've to do every thing for him]. The other complaint is that their house leaks heavily. There is a wheelchair, for which the carer says that they had wait for five years. It is lying in the corner and it is not used for two reasons, says the carer: there is no room in the shack and the carer can't take her brother out because of ill-health. She adds: "Après sa mo senti moi embarrassè pou tire li. Dimoune guette ou mème". [I also feel uncomfortable to take him out. People stare at you].

(208)

Brother-carer, aged 66-71, who is unwell, is looking after sister with heart and other medical complications. She is house-bound. They live in a shack, which leaks like a basket. The sister asks: "Quand la fin di moune pou vinni? Vinne un fois. Finne lère pou mort. La vie un martire pou nous". [When will the world end? It should happen now. It's time to die. Life is a punishment for us]. She feels very

isolated. She also complains of the pension. She says it's not enough to make ends meet. She adds: "Ou connaît cotte ena un couvent pou prend nous tout les deux? Si ou connaît, missieur, faire un demarche pou nous. Nous pas ena personne pou aide nous". [Do you know a Home which can take both of us? If you do, sir, help us to gain admission there. We've nobody to help us].

(209)

This victim of poliomyelitis, a bright man in his early 40s and has a clerical job in a government department, says: "A cause mo polio, mo senti qui mo pas ena la venir. Mo pensè mo assez intelligent, mais mo pas capave gagne travaille. Mo desolè parfois. A cause ou dans chaise roulante, zotte pensè qui ou pas bon pou nenrien". [Because I suffer from polio, I feel I have no future. I think I'm reasonably intelligent. Nonetheless, I can't get a better a job. I feel fed up sometimes. The employers think that those in wheelchair are also intellectually handicapped]. Her next complaint is: "La santè si pe affectè moi. l'hopitale pas prend ou conte. Bizin guette docteur privè. Docteur privè chère". [My health is being progressively affected. The hospital does not provide satisfactory treatment. I've to use the services of private doctors. They are expensive].

(210)

Mother-carer is having treatment for nervous problem because of mentally disabled son. She strongly feels that she will be alright only if her son can be placed in Home somewhere on the island. She explains her difficulties thus: "Li mo un

pli grand traca. Li ti ena 3 ans quand li ti gagne convulsion. Li finne alle l'hopitale mental. Li pareille même. Li souvent quitte la cage. Apres 2 jours, 3 jours li retournè. Ici nous tracassè. Nous pas connait si pas li finne mort. Si pas li vive. A cause li mo gagne malade nerve. Moi si mo bizin traitement l'hopitale mental". [He is my greatest worry. He has contracted epilepsy since the age of three. He was admitted to mental hospital, but there is no change. He often leaves home for two or three days and then comes back. Here we're worried, wondering whether he is alive or dead. I suffer from a nervous disease. I'm also an out-patient at mental hospital because of him]. She adds: "Ou connait couma li un grand la honte pou famille sa. Mo ena 2 garçons finne arrive l'age mariè, mais personne pas le donne zotte tiffi a cause li". [I don't have to tell you how shameful he is for the family. I've 2 sons of marriageable age, but we can't girls for them for marriage. She asks if I know any Home which will admit her son so that she can have peace of mind.

(211)

The 9 years old girl suffers from epilepsy, attends mental hospital as out-patient, and spends all her time sleeping. The mother-carer puts her case thus: "Nous bien misère. Sanla la qui mo pli grand traca. Li prend traitement l'hopitale mentale. Li pas capave faire nenrien. Li reste dormi même". [We are very poor. But she is my greatest worry. She attends mental hospital for treatment. However, she is helpless. She sleeps all the time]. The carer is also concerned that her epileptic daughter can't attend the

school. Two adults and 4 children, aged from 14 to 4, occupy two rooms, each of which is not larger than 12 x 12 feet. The carer complains: "La cage un lotte problème, missieur [Housing is another difficulty, sir]". She says she has approached Social Security for a pension for her daughter, but has not been successful. The carer puts her complaint thus: "Pas gagne nenrien. Finne faire demarche. Mais perdi le temp. Ena discrimination conte Creoles". [There is no pension. I've tried to get some help, but it was a waste of time. There is racial discrimination against the Creole population].

(212)

Male respondent, aged 72-77, is ill, confused, lonely, and wishes to die. She cries and says: "Mo perna personne. Mo malade. Si zotte pas ti guette moi, mo ti pou fini mort sans mangè". [I've nobody. I'm sick. If they (distant relatives) did not look after me, I would have died of starvation long ago]. His carer says that he can't do anything for himself. She has to do his washing, helping him with his bath, giving him his medication, and preparing his liquidized food. He does not use the hospital service, having some bad experience there: "Mo li pied ti cassè dans l'hopitale [I broke my leg when I was in hospital]". Carer's view is that there should be residential facilities for people like this respondent. She adds: "Mo même mo ena un paquè responsabilité. Mo ena mo zenfants pou occupè". [I've my own responsibilities. I've my own children to take care of].

(213)

The widow daughter-in-law, with 4 children, is reluctantly caring for her father-in-law, who is in his 70s. He has a drink-related mental illness. He keeps his appointment with mental hospital for his medication whenever he feels well enough to undertake this long journey. He is also getting increasingly confused. He says: "Finne le temp pou mort même la [It is time to die]". The daughter-in-law carer complains: "Mo la vie bien difficile. Mo bonhomme finne mort. Mo bizin travaille. Mo bizin aide mo 4 zenfants. Mais mo si mo pe vinne fou avec mo beau-père". [My life is becoming very difficult. I lost my husband. I've to work so as to support my four children. As if this not enough. I also have to look after my mentally handicapped father-in-law. As a result, I am also becoming mad like him]. She adds that she has changed her mind about sending him into a Home to avoid adverse criticisms from the community: "Mais mo pas pou envoye li dans un couvent. Dimoune qui pou dire. Mo bizin garde li jisqua li mort". [But I'm not going to send him into a Home. The community will criticize me. I shall have look after him until he dies].

(214)

Male respondent, aged 42-47, is disabled. One leg has been amputated, following a road accident. He has become an alcoholic. His health is deteriorating. He is suicidal. He puts his difficulties thus: "Premiè novembe 87, mo ti gagne accident. Conte depi sa date la, sa l'annè la, mo la vie finne fini. L'avenir mo zenfants finne perdi, parcequi mo pas capave envoie zotte l'ecole". [On 1st November 87,

I was involved in a road accident. From that date and from that year, there is no life for me. As a consequence, my children's future has been blighted because I can't send them to school]. He is slightly inebriated, but he knows what he is telling me. He is clearly depressed and very upset about his depressing situation. He says: "Ou connait couma dire sa, si ou un zomme, mais ou pas capave travaille? Ou connait couma li un la honte sa pou vive lor suère un femme? Un jour zotte bizin ramasse moi dans sa la rivière la (he points out towards that noisy river, which is a well-known suicidal venue)". [Do you know how hard it is if you're a man, but you can't work? Do you know how stigmatizing it is for a man to rely on his wife's earnings? One day people will have to pick my body up from that river]. He complains how badly he was treated at the hospital. He also finds the pension far too inadequate to feel financially independent.

(215)

This respondent is in his 40s and has become dependent on his ageing mother as a result of gangrene foot contributed by diabetes. He tends to spend most of his time at the rum shop, eagerly waiting for an offer of one or two glasses of wines from friends in the village. He admits that he can't afford to buy drinks from his meagre pension and has to rely on the generosity of others. He explains his difficulties thus: "Pas capave travaille. Mo bizin fiè lor mo vieux mama pou mo vive. Sa un la vie sa?" [I can't work. I've to rely on my ageing mother to keep body and soul together. Is this a way to live?]. He complains about hospital treatment:

"Traitement L'hopitale sa couma dire zotte pe guette un li chien. Qitte fois li chien même gagne pli bon traitement". [The treatment at the hospital is as bad as the treatment given to dogs. Sometimes dogs receive better care than human beings in hospital]. He finds his pension of Rs.480 too inadequate to live on. He says angrily: "Sa banne ministes la perna jigement sa. Donne zotte doublè sa pension la. Mo guettè si zotte capave vive". [Those Ministers have no commonsense. Give them double of my pension and let us see if they can live on this money].

(216)

Male respondent, aged 42-47, has become demoralized and fatalistic. He says: "Mo finne degoute mo la vie. Mo pas caciètte pou dire ou qui mo boire boucoup. Cequi arivé arivé. Si bizin mort a mort". [I'm fed up with life. I have to be frank to you that I drink a lot. I don't care about myself. If I've to die, so be it]. Talking about his background, he says that he attended the elitist Mauritius Royal College as a result of being awarded a scholarship. But he could not continue his education there because his parents were very poor and he had to work to supplement the income of the family. He adds: "Sa couma dire pas un bon pinition. Mo finne gagne diabète. A cause mo malade mo finne perdi mo travaille. Mo mama tout le temp ti dire qui mo un zenfant mofine". [As if this punishment (discontinuing his education) was not severe enough a punishment. I became a diabetic. As a result I lost my job. My mother has always said that I'm a bad luck child]. He complains that the pension is not enough. He can't, because of dizziness,

travel by public transport to attend out-patient hospital treatment. He says he can't afford to go by taxi on his meagre pension. He also regards hospital treatment as a waste of time: "L'hopitale pas prend conte. Si ou pauve, personne pas prend ou conte. Même dimoune misère la pas prend ou conte. Si ou malade, pli malheur encore". [Hospital treatment is bad. If you're poor, nobody cares about you. Even the poor ignore you. If you're ill, your situation becomes worse].

(217)

A widow respondent, in her late 60s, has become blind as a result of diabetes and is labelled as 'Paglee', mad woman. She says: "Mo pas trouve claire. Si li ziè finne fini, cotte ena la vie. Apres dimoune dire mo paglee. Mo paglee moi, missieur?". [I can't see. If the eye-sight has gone, so has life. People call me mad. Am I mad, sir?] She adds: "jise mo pas trouve claire. Mo pas paglee moi". [I am only blind, but not mad]. She complains that all her five children have gone. But she has resigned herself to what she considers to be her fate: "Qui mo pou faire? Mo pechè mo bizin paiyè". [What can I do? I've to suffer for my sins].

(218)

Sick grandmother-carer, aged 72-77, looks after orphan granddaughter, aged 24 - 29. The latter is mentally ill, is violent, smashes furniture often, and beats grandmother. The carer puts her case thus: "Mo même mo malade. Mo gagne diabète. Astère la mo bizin guette mo ti zenfant. So mama papa finne mort lontemp même. Personne pas le guette li". [I

myself am sick. I suffer from diabetes. In spite of this, I've to look after her. Her parents died long ago. Nobody wants to take care of her]. The carer says some people have told her that her granddaughter's illness could be due to an act of witchcraft inflicted by a jealous neighbour; whilst others have said that it could be a shock as a result of her parents' death. The girl is an out-patient at the mental hospital. The carer pays someone periodically to pick up the medication from this hospital. She says that the girl spends all her time sleeping. As advised by neighbours, she gives the granddaughter extra tablets so that she can remain asleep until she returns from work to take care of her. She gives these reasons for her action: "Mo bizin alle travaille. Pension la pas assez pou soigne li. Avant mo alle travaille, mo donne li un deux cassè en plisse. Coumsa li resse dormi jisqua mo retournè". [I've to go to work, as the pension money is inadequate. Before I go to work, I give her a few more tablets so that she remains asleep until I return].

(219)

Male respondent, aged 54-59, lying paralysed in bed, explains his difficulties thus: "Depi mo finne faire mo accident dans travaille, mo finne paralisé. Mo resse lor lili même. Mo pas capave alle dans la trine. Mo faire tout lor lili même (he cries). Plito mo mort même". [Since my accident at work, I've become paralysed. I've to stay in bed. I do my excreting in bed itself. It is preferable to die]. He is very isolated. He has requested a wheelchair a long time ago, but has not heard anything. In an angry and

frustrated voice, she says: " Mo dimande un chaise roulante. Qitte fois lère mo finne fini mort mo pou gagne li. Si mo ti un Hindou, mo ti a fini gagne li". [I've asked for a wheelchair. Perhaps after my death I'll get it. If I were a Hindu, I could have already got it]. He complains about the inadequacy of the pension money. He says that the Welfare Dept. should go about and find out how the poor are managing, just as I'm doing: "Zotte bizin alle dimande dimoune pauve couma zotte vive. Pareille couma ou pe faire coumsa".

(220)

Male respondent, aged 60-65, is blind and has no support from his children. He explains his difficulties thus: "En 87 mo ti faire accident. Depi sa mo pas trouve claire. Mo finne bizin arette travaille. Zenfants ne plis couma lontemp pou rode aide mama papa. Couma zotte gagne zotte les zelles zotte envolè. Perna pou guette divant derière". [In 87 I was involved in an accident and, as a result, I lost my eyesight. I had to stop working. Today's children are not like those in the past, who felt duty-bound to help their parents. As soon as their wings grow they fly away, without giving a second thought to the processes of their action]. He says that a Minister came to see him before the election, when he asked him for a wheelchair. He adds: "Finne gagne prè 5 ans la. Mo encore pe esperè même". [It's nearly five years since. I'm still waiting for the wheelchair. He complains about the inadequacy of his pension: "Pension la pas assez. Mo femme pas capave alle travaille. Li bizin guette moi. Un loto pou alle L'hopitale Moka prend 300

roupies. As cause sa mo pas alle soigne mo li ziè". [The pension is not enough. My wife can't go to work. She has to look after me. A taxi costs Rs.300 to Moka hospital. As the pension money is not enough and I can't pay for a taxi to keep my out-patient appointments, I've stopped treatment].

(221)

This respondent is in his 50s. He has been incapacitated by a combination of diabetes, high blood pressure, and angina. He says with tears in his eyes: "Jamais mo ti pensè qui un jour mo pou vinne misère coumsa [I never thought that one day I would become so poor]". He adds: "Mo malade. Mo femme malade. Zenfants pas travaille. La cage pas capave reparè". [I'm not well. My wife is not well. The children are unemployed. I can afford to repair the house]. His next complaint is that the pension money is not enough: "Nous pas capave vive avec sa l'argent la [We can't live on his money]". He adds: "Mo pas connait qui mo pou faire avec mo la vie [I don't know what to do with this miserable life]".

(222)

The 7 years old girl is physically and mentally handicapped. She can't speak. The mother-carer describes her difficulties as follows: "Li coumsa depi so naissance. Li gagne crise. Li pas capave marchè. Li pas comprend nenrien. Li faire dehor dans so linge même". [She is like this since babyhood. She is epileptic. She can't walk. She does not understand anything. She soils her clothes]. She is an out-patient at the mental hospital, but the carer is unhappy with the treatment: "Mo finne amène li L'hopitale mental. Finne donne

li medecine jiste pou faire li dormi. Apres sa zotte pas faire nenrien. Un traitement sa jiste faire li dormi?" [I've taken her to the mental hospital. The prescribed medication only makes her sleep. Apart from this, they've done nothing. What sort of treatment is this?] She is very upset. She asks: "Ah Bon Dieu, qui pechè mo finne faire [Oh God, what sin have I committed?]" She says that there is little money coming in. However, she has to look after this disabled child and can't go to work. Social Security Office has asked her to wait until the girl to reach her 15th birth day for a pension. Her response is: "Le temp sa, li fini mort. Lère la tro tard pou pension". [By then she would have died. It would be too late for a pension]. She assures me that she loves her daughter, but she feels that it would be a great relief to all of them if she died: "Plito li mort mème. Li a gagne un la paix. Nous si nous gagne un la paix".

(223)

The mother-carer says about her 13 years old son: "Li gagne crise. So un la main un li pied paralisé. Li pas capave faire nenrien. Si pas donne li mangè, li pas mangè. Li reste dormi mème". [He suffers from epilepsy. One of his arms and legs are paralyzed. He can't do anything. If he is not given food, he won't ask for it. He remains sleeping]. Concerned about her son, she has consulted the hospital doctor, who has told her that sleeping is a good remedy for her son: "Docteur L'hopitale dire moi dormi bon pou li". However, someone has to keep an eye on him. The carer adds: "So ti frère reste la cage pou guette li. Mo pas capave envoiye li l'ecole. Qui sanla pou guette li? Moi mo bizin travaille.

Sans sa nous mort sans mangè". [His younger brother has to remain at home to look after him. I can't send him to school. Otherwise, who will look after him? I've to go out to work. Without my earnings, we would die of starvation].

(224)

Male respondent, aged 18-23, suffers from severe epilepsy and unable to work. He explains her difficulties thus: "Mo gagne crise depi 1984. Plisieurs fois mo finne tombè mo finne gagne di mal. Mo fatigue vite. Mo bizin prend 9 cassè par jour. Souvent mo alle resse L'hopitale mental". [I suffer from epilepsy since 1984. I frequently fall and hurt myself. I feel tired very quickly. I take 9 tablets per day. I often have to stay at the mental hospital]. Regarding treatment at mental hospital, he says: "Zotte traite ou couma un zanimaux la bas [They treat you like an animal there]". He also complains about the pension. He says it's not enough. As he needs a taxi to keep hospital appointments and which he can't afford, he goes for his treatment irregularly. He is also tormented by the thought that he might not be able to have a family of his own, unlike many of his peers: "Moi mo pas ena l'avenir. Tout mo banne camarades finne mariè. Qui sanla pou mariè un dimoune malade couma moi?" [I can't see myself having a normal life. All my friends have got married. Who will marry a sick person like myself?] He concludes: "Sa un la vie li chien sa. Plito mort mème". [This is a dog's life. I prefer to die].

(225)

A blind respondent, in his late 70s, says: "Si liziè finne

fini, la vie finne fini. Mo bonnefemme même bizin faire tout pou moi. Li même li malade. Perna personne pou aide nous. Tout zenfants finne allè". [Without eye-sight there is no life. My wife alone has to help me for all my needs, although she is not well. There is nobody to help us. All the children have got married and gone to lead their own lives]. He adds: "Zotte ena zotte prope problèmes. Nous pas capave agache zotte". [They (the children) have their own difficulties to cope with. We don't want to bother them with ours]. He complains that the pension is inadequate. He says: "Si pension la ti assez, nous ti capave paiye un dimoune pou aide nous [If the pension money were sufficient, we could have paid someone to keep an eye on us]". At the end of the interview, he adds that the government must have compassion for us. They are like mother and father: "Gouvernement bizin ena consideration pou nous. Gouvernement couma un mama papa".

APPENDIX C

RESIDENTIAL INSTITUTIONS: CRITICAL ANALYSES AND COMMENTS

(The erosion of informal welfare support in the family and in the community, intensified by industrialization, individualism, and the new egoistic culture influenced by an over-enthusiastic attitude towards a Western life-style, is making residential care an increasingly indispensable aspect of social welfare in Mauritius. The growing intrusion of the Welfare State in the lives of the people is probably the main factor nurturing the growing sense of dependency on social services. I visited eleven Homes, the majority of which clandestinely because of access problems, during the period of fieldwork. All the Homes have been included for discussions here not only because of their individual characteristics and, to some degree, their different philosophies and objectives, but also because they are also instructive from the standpoint of social work knowledge or lack of it. The model of caring appears to be more 'warehousing' than 'horticultural', i.e. the emphasis is on physical needs rather than on all the needs of the resident. To protect both cooperative staff and some of the residents from any adverse repercussions, a serious attempt has been made with a view to concealing the identity of the Home. This is a critical analysis of the Homes).

HOME NO. 1

The History

Growing poverty with its cancer-like adverse ramifications, particularly among members of the poorer working class creole community, pricked the conscience of the Catholic

Church in Mauritius. This was during the Second World War. The Mauritian creoles overwhelmingly belong to the Catholic Church, probably constituting the main body of regular church-goers on the island. Unable to abdicate its responsibilities towards the creole community further, coincidentally community which still experiences great deprivations, as this research shows, in 1942, the diocese of Port Louis, the Mauritian capital-city, founded this children's Home. It is one of the best known children's residential institutions on the island, being situated in a relatively affluent Catholic area and is among one of the oldest children's establishments.

Admission

This children's Home has places for 40 children aged from birth to 5. In the past, the intake of children was exclusively from the Catholic creole community and, probably, rightly so, in view of the fact that the facilities were primarily targeted on this deprived community. With the gradual erosion of religious prejudices against the majority community, the Hindu, and other minority religious groups, particularly from Independence in 1968 and onward, when the new ethos of national solidarity began to make some positive impact, thereby trying to demolishing prejudicial and other artificial barriers, admission has begun to open to all the communities. The Sister-in-Charge, a Mauritian creole, supports this open-door policy on the grounds that "Problème pas ena barière [Everyone is vulnerable to social problems]". When going around the dormitories, it was encouraging to see Hindu and

Muslim names labelled above the hooks for hanging the children's coats. It was also interesting to see a representatively cross-section of Mauritian children, with the exception of White and Chinese children. The latter two communities, being the most comfortable and wealthiest, appear to have their own private arrangements for their orphans or children from broken homes. However, it is important to find out in the future what the quality of their arrangements there is for them, since we are in the business of social welfare. In view of the massive social problems confronting the families across the board from different socio-economic groups, one must be concerned, if not also suspicious, about the communities pretending or claiming that they are immune from the disruption of social change. This study has shown that no group or community has escaped from the upheavals brought about by the free-for-all nature of industrialization and business enterprises.

The Children's Background

Only healthy and fit children gain admission to this institution. In other words, no handicapped children are admitted because, the Sister rightly points out: "We don't have the skills or facilities to look after them". The children came from almost all the Mauritian communities, as mentioned above. The large number of Hindu and Muslim children in this Home show most disturbingly the massive extent to which cultural tradition of good childcare practice has been eroded, apart from the acceleration of family breakdown resulting from the same source of impact of social change. The Sister, in response to my question about

the class background of the children, repeats: "Problème pas ena barière". Single parents, from all the communities, constitute, she continues, the largest group of persons who have referred their children to this Home. Most of the children have been referred by their mothers, who, the Sister informs me, having felt unable to keep their children with them. The Sister gives me these reasons for their admission:

"Ena parents a cause la honte faire zotte tiffi quitte zotte zenfants ici. Ena mama pas ena la cage pou garde zotte zenfants avec zotte. Ena mama pas connais couma pou guette zotte zenfant a cause zotte trop jeune. Zotte pas ena l'ex-perience. Ena mama vraiment pas ena moyen pou guette zotte zenfants. Ena tout qualité problèmes qui faire zotte vinne quitte zotte zenfants ici".

[Some mothers have brought their children here because of pressure from their parents for having babies out of wedlock and the stigma attached to it. Some mothers do not have sufficient accommodation to keep their children with them. Other mothers have no idea about childcare because they are either too young or inexperienced in this matter. Some mothers have no means of supporting their babies. All types of difficulties have contributed in placing these children here].

The majority of the children have been referred by their mothers, as indicated. Some of them have also been referred

by the Department of Social Security, some of whose functions, strangely enough, are those of the Directorate of Social Services in Britain, although without the appropriate social work skills essential in placing a child. Regarding the method of admission, the Sister believes that it is simple and straightforward:

"Banne mama la amène zotte zenfants ici. Zotte explique zotte difficulté. Si nous ena place, nous prend zotte zenfants. Si nous pas ena place, nous dire zotte esperè". [The mothers bring their children here. They explain their difficulties. If we have vacancies, we take them. If we don't have vacancies, we put them on the waiting list].

For a mother to request a placement for her baby or child, it represents a matter of desperation. She must have been driven to the limit. She must have run out of all options. Does it matter what her next action will be? It is difficult to predict. Under the pressure she might kill herself or kill the baby or the child. There seems to be no social service support, backed up by adequate social work skills, in a situation where a distressed single mother is under great emotional, psychological, and physical harassment from the family to get rid of the socially stigmatized and unwanted child. With no localized social services office, the desperate mother, who cannot find an emergency placement for baby, has little to look forward to, except to take some drastic action leading to fatal consequences.

Fundings

The children placed by the Department of Social Security are paid by the government. A per capita grant is also made by the government to the other children placed elsewhere. However, the grant, the Sister explains, is far from adequate. Consequently, this children establishment relies heavily on the Church's specific fund and also on donations made by the public. As a result, the Sister says, material support is not a major problem for managing the home. In addition to volunteers, giving a helping hand in looking after the children, people, particularly from the nouveau riche and the middle class, who seem eager to enhance their social status and prestige in the sure way of being seen to be doing 'social work', made generous donations. During the visit a prosperous looking Indian woman and her family have just arrived in their car, laden with bags of rice and other food stuffs. She and other members of her family are carrying a few children for, playing with them, and taking a few pictures. The reason she gives for the donations is that she made a vow with regard to the health of her grand child, promising that he would make a donation if this child regained good health. She puts it thus:

"Mo ti faire un promèse pou mo ti zenfant bien.

Li finne bien. Mo finne vinne faire mo donation".

[I made a vow that I would visit this place and make a donation, if my grand child recovered. Now that she is well I've come to honour my vow].

The majority of the Mauritians do not have much faith in the

quality of health services. Therefore, they also rely on alternative therapies. In the process they also take vows, offer prayers, consulting witchcraft practitioners, exorcist, evoking supernatural powers, and making donations of clothes or food to institutions for the destitute and the poor, and engaging in 'social work'.

Philosophy

The Sister firmly believed that 'problem' mothers produced 'problem' children. She confesses that she has been always carrying out her childcare responsibilities from this philosophical frame of reference. Approaching her work in any other way, she believes, will bring disappointment and is self-deception because: "Sa banne zenfants la depi dans vente zotte mama zotte finne ena problème [These children's problems have been developed from the time of conception]". Therefore, she tries to assure me that they will always function abnormally. She also believes that they will always be haunted by difficulties throughout their lives as a result of the inheritance of social problems from their mothers since in the womb. Distressed at her destructively pessimistic approach to childcare, I told her, as a social worker working with children and families, that I was surprised at this negative childcare model. She was clearly angry at what she might consider as my 'interference'. She responded somewhat irritatingly:

"Sa un la vérité qui pas capave démenti. Zenfants qui finne né dans problème, zotte la vie finni dans problème". [This is an undeniable truth.

Children who were born in problems find their lives ending up in problems].

Therefore, the childcare programme can only be described as odd, idiosyncratic, and even wreckless. Consequently, it seems obvious that the Sister's childcare model requires one only to focus on the physical well-being of the children. She tends to disagree vehemently that children also have other needs, in addition to their physiological needs. I immediately felt that she should, among other experts on childcare, read Mia Kellmer Pringle (1975: p.148):

"There are four basic emotional needs which have to be met from the very beginning of life to enable a child to grow from helpless infancy to mature adulthood. These are: the need for love and security; for new experiences; for praise and recognition; and for responsibility".

As can be seen, the basic emotional and psychological wounds accompanying the children to the Home seem to remain untreated. Focus particularly on the physical needs is apparent in the children's dormitories, which are comfortably equipped, with a teddy bear in each tidily made cot, well organized area for keeping the children clothes, clean bathrooms and toilets, and decent and adequate food for the children. The children seen there look clean and healthy. Effective childcare practice requires the children in trust to look for more than good physical care.

Socialization

The children are brought up according to Catholic tradition. Therefore, the religious and cultural heritages of the children are not considered important, a tendency which seems to be in line with current thinking. However, I personally believe that the children should not be denied of their rich and colourful cultural traditions, as there can still be solidarity in diversity, as India has successfully proved. The children are taught Catholic prayers, encouraged to listen to stories from the Bible, and there are no restrictions on their diets. In other words, beef and pork will be given to all the children without distinction whether they came from a Hindu or Muslim home or a Christian home. The approach is that 'All children are children with similar needs', contrary to the fact that children are individuals with different needs. In response to my argument that cultural and religious traditions of certain groups of children are being violated by the imposition of Catholicism and Christian diets on them, the Sister says, probably unreasonably, that her children's Home is a Catholic one and she did not invite the children's mothers or the Social Security Department to refer Hindu or Muslim children to this particular place. The so-called Welfare Department seems to be too much undermined by political interference to be able to draw guidance and procedures contributing to good childcare practice. Lack of trained and qualified personnel, with strong commitment to improving the quality of social welfare, can be the other factor.

Family Contact

There is good encouragement for the mothers and the relatives to keep in touch with the children. This is probably one of the best things that one can speak well of this Home. The Sister sees that keeping the mothers and the families of the children in touch with the children as something very important: "Sa bien important sa". One cannot disagree with this view. She hopes to achieve two important objectives by encouraging access to the children: (i) to encourage the mother, who could have overcome her difficulties which initially prompted the placement of the child, to take him or her back home and (ii) to provide opportunities to the immediate families to reconsider their initial decision and take the child home.

However, the Sister deplores the fact that very few mothers and families take advantage of the flexible access facilities, let alone withdrawing their children from her care. She says:

"Un deux mama un deux famille vinni un deux
trois fois. Apres sa zotte arètte vinni".

[A few mothers and families come a few times.

Then they stop visiting].

It might be too naive or over-optimistic to believe that the mothers and the families will visit the children, given the circumstances that most, if not all, the children found placement in this Home, as shown above. However, the flexible access could have proved partially effective should

it be supported by some helping programmes. Counselling the mothers and the immediate relatives could be one of several effective ways of creating a change of heart and mind. Unfortunately there appears to be no such skills or programmes available. Social work with children being limited to meeting only their physical needs, there seems to be no proper social work which considers all the needs of the children, let alone developing effective rehabilitation strategies.

The Children's Future

A few children, the Sister happily reports, has been adopted by childless middle class couples locally. In this case, she agrees with me that her open-door policy is paying off. But she feels that too few children are being lucky enough to find permanent families. A few children, according to a book of photographs and notes in the reception area, through which I cast a glance while waiting when I arrived for the visit, were adopted by European couples. It is important to know how they are progressing with their new families in Europe, where there is so much racism. However, from the account given by the Sister, their progress is not followed. Therefore there is no information how these Mauritian children are faring in Europe. The majority of the children spend the whole of their five years in this children's Home without the hope of being adopted by a family.

I was also interested to know whether the children's Home followed the progress of those adopted by local childless couples. There is ample evidence that many of the children

fostered and adopted are used as servants, as there seems to be no checking-up procedure or practice. So far as I am aware, there is no effective supervisory machinery in the cases of adopted children, like in those of adult residents. This is how the Sister responded to my question whether the children's progress was followed:

"Mais nous pas suivre zotte. Sans sa tout nous le temp pou fini coumsa même. Ici nous fini ar zotte quand zotte finne allè. Apres sa li responsabilité cotte zotte finne allè". [We don't follow their progress. If we did, we would waste all our time doing so. Once they leave this place that's the end of our responsibilities. From then on they're the responsibilities of the family to whom they've gone].

This answer baffles me. It again indicates inadequate training in childcare. Once the children reach the age of five, I am informed, they are transferred to a Convent which provides care for older children. With this their fate to find a family become sealed as a result of the fact that there is no constructive family-finding programme, in addition to being seen too old at the age of five or so for adoption. The Sister informs me that prospective adoptive couples in Mauritius prefer to adopt babies, particularly boys, of a few days old so that they can bring them up from the very beginning in their own way. She adds that older babies or children are regarded as 'contaminé' (contaminated) and, therefore, become hard-to-place. "What happen to them?", I asked. In response, she repeats: "Nous

pas suive zotte [We don't follow their progress]". I understand that there is a policy that information relating to the adoption of the children is not revealed to them at any age, although this is something that they are bound to know in the future.

Many statements made by the Sister remind me of the critical comments made by Professor Titmuss and Abel-Smith in their 1960 Report on Mauritius in respect of children in residential institutions. The following is one of the quotes from this survey that came to mind at the end of the interview: "In the case of nuns who run most of the institutions we know little about the training they receive, but what is impressive is the selfless devotion with which they devote themselves to their allotted tasks (p.214)". I said to the Sister that Professor Titmuss believed that staff in institutions like hers receive little or no formal training. I asked her if she could enlighten me on this point. In response, she asked in a surprised tone: "Qui sanla sa professeur Titmuss [Who is this Professor Titmuss]?" In her view, there is no need of training to look after other people's unwanted children. She believes that childcare skills is an instinctive process:

"Pas bizin training pou occupe zenfants. Li vinne naturelle avec nous. Nous lire live. Pli nous travaille avec zenfants, nous l'experience grandi".
[There is no need of training to look after children. Childcare skills come naturally to us. We also read books on childcare. The more we work with children,

the greater becomes our childcare experience].

HOME NO.2

Home no.2 is notorious for the rumour that treatment there is equivalent to living in hell. Only speaking about this place is enough to make one shiver with despondency. Eager to gain access to this Home, I approached the officials concerned. I confronted the usual prevarication that access could only be approved by the Committee and that would take about two months. Having been informed that I would be wasting my time waiting for official access, with help from an unofficial social worker, I managed to gain entry covertly.

The Office

The atmosphere in the office gives one a feeling that one is somewhere in India. Communication in the office is mainly in Bhojpouri (a dialect derived from Hindi). I met two middle-aged Indian ladies there, who said that they were on a religious mission in Mauritius. They live in England's Southall. Not a single face resembling a creole is in sight in the office. The atmosphere is purely Indian and not Mauritian, with Hindu Gods and Goddesses in posters and sandalwood burning. Being a Hindu myself, there is nothing wrong in the Indian atmosphere. However, speaking as a social work practitioner, the environment experienced seems incompatible and alien in a multi-racial Mauritian residential Home.

Prominently displayed in bold letters in the office is this

quote:

"Are you here with a solution or are you part of the problem".

This quote makes me wonder whether it is deliberately displayed as a warning against possible critical comments from visitors like myself. However, I hope that my visit constitutes part of a solution, that is, in the best interests of the residents. In the long run, the welfare of the residents is the primary concern of this study. They are of my greatest concern.

The History

My guide is a pleasant young man of Indian extraction. He seems to be very popular among both staff as well as the residents. He addresses his male colleagues as 'Bhai', brother, and female colleagues as 'Bhahen', sister. The older residents are 'Ton', uncle, for him. He admits his ignorance of the historical background of Home No.2, situated in an isolated part of the island. From his account and other fragments of information it appears that the buildings of the Home were built over 100 years ago. They were originally constructed by the French to be used as a prison for recalcitrant slaves and disobedient islanders. Subsequently and during the British colonial period this institution became a Convent for Catholic destitute, managed and run by Nuns. A few years after Independence it became a 'Home', probably so named with a view to getting rid of the stigma attached to the term Convent, apart from making a

serious attempt under the new management to improve its tainted image and notorious reputation. Adverse comments in the community, corroborated by evidence from my assessment, suggest that the change of name has changed nothing in terms of the public perception of the place and the poor quality of social service provisions to the residents. Its notoriety in terms of treatment is viewed by the poor islanders in no way less chilling than that of the workhouse by the elderly from the working class in Britain. Being in this Home, according to the public attitudes, is like being in hell itself. Comments from the Titmuss Report (1960) were uncompromisingly blistering about it.

The Home consists of three massive buildings built in the style of French architecture, with a lot of timber works, which could be of great fire-risk and could endanger the lives of the residents. It is situated in a vast plot of land in an isolated spot. There are also smaller buildings there, which are used as offices, living quarters for staff, cowshed, workshop, etc., giving a strong impression of a serious attempt at self-sufficiency. Also stands conspicuously there is a large chapel, but the guide informs me that it is mainly used to cut vegetables for cooking and as a hall for Hindu ceremonies and prayer meetings. Parts of the land are used for growing vegetables. I have been told that the residents are not involved in gardening: outside labourers are employed for this purpose. The reason for not using the residents for gardening, the guide says, is because they are too frail for this strenuous type of work. This suggests that the Home is not without

some compassion, contrary to the people's negative perception of it. On the other hand, they might be too poorly nourished to be able to involve themselves in any other activities than sit indolently in small groups under the warm sun, perhaps patiently waiting for the next meal.

The Residents

Home No.2 is one of the largest, if not the largest, residential institutions on the island, in addition to being one of the oldest. It is exclusively for male residents, probably, as judged by the condescending officials and reinforced by tradition, because a mixed Home is not in the best interests of the morals of the residents. There are 165 male residents aged from 9 to 80. I shall discuss this later. There are so many old people in this institution that it indicates that many of them have lived there for several years, confronting all types of the changes and upheavals that Home No.2 have undergone in the process. The creole features are most apparent not only in the dormitories, but also among those outside basking in silent groups under the warm morning sun. Among them there are old and young, some physically disabled and others mentally handicapped, some in wheelchairs and others holding sticks and crutches, dressed in dirty and torn clothes, looking lethargic, uninterested, and indolent, appearing more like robots than living human beings. They appear like a group of unwanted human beings, who have been abandoned there to their own devices. What a contrast between the staff, who seem to be mostly Hindus, who look well, and the residents, who are overwhelmingly Catholics or Christians, who appear like human rejects!

There is also a great contrast between the office area, which look tidy, clean, and comfortable, and the areas occupied by the residents, which give an obvious appearance of total neglect, with weeds and rubbish all over the place.

The Dormitories

The visit starts at the ground-floor dormitory. It is dark, drab, and depressing. It has 32 iron beds, the type that I used when I was in the army, placed in straight lines, with hardly adequate space between the beds. The residents in this dormitory are categorized as physically and mentally handicapped. Some of them are lying quietly in bed, perhaps pondering over the past or wondering what is in store for them in the future. One of them informs me that he has been living there for 50 years. Responding to my question whether he is happy in this Home, he says: "Mo en repo [I'm resting]". He would not say more, which is uncharacteristic of Mauritians who invariably require little encouragement to socialize and articulate their opinions. Could he be frightened of the dreadful repercussions had he said more than "I'm resting"? I am still wondering. I understand from some of the disabled respondents I have interviewed in Mauritius that finding a place in a Home is like looking for gold dust, even finding a place like in Home No.2. The neutral response of this resident could be to safeguard his own interests. There is no privacy in the dormitory either to undress or to dress, either to pray or to do some private thinking without being interrupted. A little privacy is as essential as food for any human being. The interior parts of the place look dilapidated, with the walls

unpainted for years, holes in the flooring, panels of doors partly rotten, and stains of dampness and rain-waters on the walls. The bed linens are filthy, with stains of blood, faeces, and other unhygienic matters. The clothes of the residents are also in poor conditions as a result of being overworn and unwashed. The dormitory exudes a noticeably strong smell of a combination of urine and faeces. What a miserable way to end up one's last days!

The Activities

Doing things are essential for residents in Homes. It keeps the brains active and mind away from pondering over distressing thoughts. It has a therapeutic effect. With this in mind, I asked the guide if there were set programmes of organized activities for the residents. He appeared surprised, unsure of my question. After some explanation and clarification, he said:

"Non. Ici zotte même gouverne zotte même. Nous lèsse zotte faire coumadire zotte chez zotte même. Ici nous pas oblige personne pou faire cequi zotte pas oulè faire. Li plis bon coumsa". [No. Here they're their own boss. We allow them to live as they did at home. Here we don't compel anyone to do what they don't want to do. It's better like this].

Giving the residents their autonomy to do as they please sounds marvellous in theory. Autonomy without clear direction and some therapeutic support can make life

meaningless. However, in practice, one wonders what good does the autonomy do for them. Most of them look ill and unmotivated. They are seen lying in bed, half asleep, probably from the effect of the drugs administered to them. As a consequence of their disabilities, they might not be able to get involved in any form of activities. This, however, does not condone the unacceptable social work practice of having no therapeutic programmes for the residents. During the distribution of biscuits and cakes, one sick resident explains in a barely audible voice that sometimes he joins others in a game of domino: "Ena de fois nous jouè domino".

The Next Dormitory

Following the guide upstairs, carefully avoiding falling from the slippery wet stone steps, passing the toilets, which exude an obnoxious smell, and opening the doors gently so that they do not fall apart, I arrive at another dormitory. It consists of about 30 beds and the occupants are labelled as mentally handicapped. They are a few residents there, lying in bed, perhaps because there is nothing much for them to do. The floor of this dormitory looks comparatively cleaner, but, with the obnoxious toilet smell, this place is no less depressing than the one downstairs. The additional discomfort for the residents is the massive amount of bird droppings on the balcony adjoining the dormitory, which must add further to the existing discomfort. The bird droppings can also expose the residents to serious health hazard.

There I was introduced to a former teacher at the Royal College, the educational institution for the children of the island's elites, by a senior official. This official appears to become increasingly ill at ease at the nature of my questions to the residents. The teacher speaks fluent English, the language of the so-called intellectuals, in response to my inquiries in patois:

"I've been living here for the past five years.

I came here because my family could not look after me. They've their own problems.

I've lost one family, but I've gained another 'parivar'".

In the past, one would have never heard that an elitist teacher, a Catholic from a highly respectable profession such as teaching, would have to spend his last days in Home No.2 of all the other places. Under the new social conditions of increasing insecurity and uncertainty, no one can say that he or she will not require support from social services now or in the future. Everyone, rich or poor, seems to be vulnerable to the rapidly changing values in the current Mauritius of obsessive materialism.

The arrangement of the beds is similar to the dormitory downstairs: they are systematically lined up. There is a locker by the side of each bed. In it are the resident's worldly goods, his life's work's rewards. In terms of hygiene, there is none or little, not unlike the other dormitory, with filthy bed linens, unemptied urine bottles

lying about, and flies feasting themselves on the filth.

The third men's dormitory is similar with regard to discomfort as the other two. As if the residents here do not have enough difficulties, the toilets for this dormitory are outside. As a result, the frail elderly and the disabled find it difficult to use their outdoor toilets particularly during the night, when it can be very dark in Mauritius. The guide explains that because of this many of them defecate and urinate outside, next to the dormitory, instead of using the toilets. The Titmuss Report's recommendation that toilets for these residents should be indoors has been ignored.

The 'Private' Dormitory

I was also taken to see the private dormitory, that is, the dormitory used by paid residents. Many, if not all, the residential institutions are modelled after the British institution, especially, for example, the English hospital, which also treats paid in-patients. These residents usually come from prosperous families, whose younger members find no time for them, especially when they become senile and decrepit and, as a result, cannot be used as gardener, cook, childminder, or general handy-persons. To rid themselves of the burden of caring for them, the well-off son and daughter choose the easiest option of placing them in a Home. Here the dormitory consists of only 8 beds and it is much cleaner and more comfortable. As always poorer treatment is reserved for the poor and higher standards of care are kept for the better-off. These are most visible in the modern Mauritius,

where the so-called socialist politicians pretend that they are ideologically for a classless society, in which there will be equal opportunities for all its citizens, irrespective of ethnic groups. Public speeches talking about the redistribution of the wealth of the nation in favour of the poor by politicians are invariably acknowledged with great applause. They are also good for increasing political support in the country.

Fundings

The government makes a per capita grant for each resident. There is also an income coming from the private residents. However, it relies heavily on donations from the public. With growing wealth particularly among the Hindus and the nouveau riche, there seems to be no shortage of cash or foodstuffs donated by them. The cultural tradition of taking vows among the Hindus, which are invariably honoured by making donations either in cash or foodstuffs, I have been informed, is an important factor in raising fund. The doing of 'social work' as a status enhancer for the competitive nature of the Indo-Mauritians to keep up with the Joneses could not be under-estimated in terms of filling up this institution's coffers. Aimed at being self-sufficient, cows are kept for milk and vegetables are grown for the kitchen. Donations also come from overseas.

Sometimes the residents are used to carry out certain tasks, instead of paying outsiders to undertake them. For example, a frail and mentally handicapped man of eighty-three is used to bath and prepare any dead resident for burial or

cremation. In response to my inquiries about his background, this man, a creole, whom the guide refers as 'Ton', says:

"Long temp mo finne vinne ici, missieur. Le temp ti ena banne masoeurs. Premier mo famille ti dire mo fou. Ti mette moi dans l'asile. Mo pas ti content la bas. Zotte mette moi dehor. Le temp mo retourne la cage, mo mama vinne guette masoeurs. Depi sa mo ici. Mo pas capave dire ou combien bananné. Mo pas ena aucun place pou allé. Mo pou mort ici même". [I've been here a long time ago, sir. I came when this place was run by Nuns. First, my family said that I was mad. I was taken to the mental hospital. I did not like it there. When they threw me out, I returned home. Then my mother took me here to see the Nuns. Since then I've been living here. But I can't tell you how long. I've nowhere to go to. I'm here to stay until I die].

Religion

There is a large concrete cross in front of a dormitory building. It is dated 1.8.1928. The chapel was built in 1958, perhaps when the Catholic church was still a dominant factor on the island. There are also two grottoes, complete with statutes of Christ and Mary, in the ground there. But there seems to be no or little religious enthusiasm among the residents, who are overwhelmingly Catholics. Discussing religion with some residents, one of them, an old creole, says nostalgically:

"Dans le temp masoeurs tout le jour la prière et tout le dimanche grand la mèsse sans manqué. Sa ti un jolie le temp sa. Tout sa la finne fini depis banne dans l'Inde finne vinni". [In the time of the Nuns, there were prayers every day. On Sundays, without fail, there was a mass. This was a wonderful time. But all these have gone since the Indians have arrived].

Another person says that sometimes he prays on his own. A third person confesses that he is not religious, but at times, when he is in a state of torment, he turns to Christ.

With the main chapel used for cutting and storing vegetables and greater emphasis placed on Hinduism and Indian philosophy, this institution seems to have effectively been doing what the Catholic establishments have been practising for years: imposing its own values on others brought up on different values. It is racism in reverse. Religion becomes particularly important for the aged, that is, for those approaching the end of their lives. Denying them their religion is denying them their most important need at this last stage of their lives. No residential establishment or social worker should ignore this point.

Leisure Activities

As stated above, there is no organized programme of activities. The residents are left to do what they can to entertain themselves. However, being too old and infirmed,

lacking in motivation and encouragement, they seem incapable of engaging in any significant form of leisure activities, apart from lying in bed, staring at the ceiling, or sitting in small knots outside under the sun. There was no common room or a special room, where they could sit and relax. Over 30 years ago, the Titmuss Report recommended some improvement in this area, but nothing seems to have happened, apart from a change of management. There is a television in each dormitory, but, with eye-sight deteriorating with growing age and frailty, it can be of little consolation as a form of entertainment. This again suggests that activities have to be organized for them. This constitutes one of the fundamental aspects of residential care, which, unfortunately, the residents are being denied of.

Conclusions

I am pleased that I saw for myself the intolerable conditions that prevailed in Home No.2, although the visit still haunts me and has resulted in several nightmares at nights. The poor and the destitute are also human beings. It is morally unacceptable that they should be exposed to such humiliation and indignity in their last few days. It reflects badly on the Mauritian society. I reject this response from a senior official to my vocalized outraged feeling that 'this institution seems to be used as a dumping ground for helpless and vulnerable people':

"Si nous pas ti ramasse zotte, zotte ti pou dimande
charitè lor chemin. Zotte plis bien la. Zotte gagne

la cage. Zotte gagne mangè". [If we did not keep them here, they would have only been begging on the street. They're better off here. They're sheltered and fed].

However important are shelter and food, human beings also have other needs, like companionship, to love and to be loved, and to be valued. They are not an island in themselves. The homo sapiens have many more needs than merely food and shelter.

HOME NO.3

This Home was recently built and set up to cater specifically for the growing domestic problems experienced by Mauritian women in recent years. It could be the only one on the island. It is a modern Home, with indoor toilets, hot and cold water operated by solar system, kitchen, temple, etc. However, the dormitories are open and without privacy. The beds are of iron and are lined up like in the army. There is insufficient space between the beds. At the head of each bed there is a locker, in which the residents keep their essential clothings and other daily used personal effects. In the big wardrobes their non-essential personal effects are kept and the keys held by the matron or social worker-in-charge. Being a fairly new establishment, it is felt that those involved in building and managing it have missed the opportunity of modernizing it, thereby making it a prototype to be envied and emulated. For example, separate rooms could have been more appropriate than the open-planned dormitories. A little privacy is very important for anyone,

let alone for the tormented residents, who are there out of no other choice.

Referrals

This Home can take 65 residents. It has been built, as stated above, specifically for 'battered women' of any age and from any communities. But during the visit the majority of the residents were Hindus and were of over pensionable age. Many of them seem to come from the countryside, once the stronghold of conservative and traditional values, which again demonstrates that communities, undermined by industrialization, with all its ramifications of nuclear family, individualism, and the extension of the Welfare State, are rapidly breaking apart. As a consequence, there remains little or no traditional informal social work support for the most vulnerable members: the disabled, the old, and the poor. They are mainly referred by the Department of Social Security, by influential people, like Ministers and Members of Legislative Assembly, and doctors from hospitals. Among the residents there are two new admissions: one Creole and one Chinese, who might be in their late 30s. They appear most uncomfortable and disoriented amidst a motley of old-fashioned Hindu women, chattering in Bhojpouri (a dialect derived from Hindi) and consoling each other by elaborating on and may be dramatizing the circumstances which have led them to seek refuge there. The Creole woman looks disoriented and drowsy. Upon asking her the reasons for having to come to this Home, she says:

"Mo finne gagne la guerre avec mo mari. Li ena un maitresse. Mo ti boire poison. Docteur l'hopital finne envoie moi ici". [I had a row with my husband. I came to know that he had a mistress. I took some poison. The hospital doctor has sent me here].

The Chinese woman, who seems to be keeping close to the Creole woman, appears ill at ease and distraught. She would not say more than she had a row with her family. She looks fairly prosperous. She came from Port Louis. She might have a family business there, although the Mauritian Chinese are gradually favouring careers in civil service and medical and other professions to running stores and shops. I was tempted to asking her more questions specifically about her difficulties, but she looked too distressed for me to continue with my questioning. She clearly feels like fish out of water in her new environment, as the well-to-do Chinese have modelled their life-style on the Europeans in Mauritius. She is only hoping that soon her family will take her home: "Ta lère mo famille pou vinne cherche moi". To see a person of her ethnicity and social status there suggests that the society is taking a battering from the social changes, in addition to the absence of relevant support to making the transition less disruptive and painful.

Not far from there an old Indian woman is sitting, looking very distressed and shedding tears quietly. This is very upsetting. Upon asking the assistant social worker why she is crying, she responds that she has been crying like this

for several days. However, nobody seems to have bothered to ask her why she has been shedding so much tears. This again shows the absence of social work training. At my insistence the worker asks her reasons for crying in Bhojpouri, of which I have some knowledge:

"Li dire li pe pense so tiffi. Li dire li chagrin so tiffi avec so tit zenfants. Li dire li chagrin qui li finne bizin quitte la cage so tiffi".

[She says she is thinking about her daughter. She says she is feeling sad thinking about her daughter and grand children. She says she feels sad that she has had to leave her daughter's home for this place].

The assistant told me that this resident has been admitted a week ago and has been behaving like this since. The reason for the admission, she tells me, is that her daughter had been quarrelling with her for a long time. She had been asking her to leave because she needed her room for the use of her growing children. The assistant confirms that there has been a growing number of cases in the countryside where the adult children are subjecting their elderly parents to all forms of abuse, including driving them out of the house, if they are of no further advantage to them. She adds: "People are changing in Mauritius. The elders are no longer valued and respected". My fieldwork experience confirms her statement.

Activities

Unlike the Home for male residents, this women's only Home

has a programme of activities. The matron is a young and intelligent Hindu woman, with some positive ideas about social work. She was trained in South Africa, which is comparatively advanced in many fields of knowledge in the region of the Indian Ocean. Activities start at six o'clock in the morning, beginning with prayers, followed by physical exercise such as walking or running. There are also classes for sewing and occasionally they go on outings to the seaside. Once a week a doctor comes to the Home to sort out any health problems. On Saturdays there are Indian singing and dancing. In view of the nature of the problems resulting in the admission of the residents, counselling should, in my view, probably be the key helping process in the care packages. However, there is no counselling or any other form of social work programme helpful for the often traumatized residents. There emphasis generally appears to be only on meeting physiological needs. Emotional and psychological needs are either ignored or the workers are ignorant of their importance as helping processes.

This Home, which is no doubt serving a useful function, is supposed to be non-denominational. Therefore, with the uncharacteristically over-emphasis on anything Indian and not Mauritian, i.e. Hindu staff, Hindu temple in the Home, and vegetarian food, I was curious to know how did the matron reconcile the theory of this non-denominational Home with the overtly Indian-oriented practice: "Dans quel langage ou faire la prière avec zotte [In what language do you perform the morning prayers]"?

Her unhesitated response is that prayers are conducted in Hindi: " Nous faire la prière dans langage Indien".

"But what about the Creole and the Chinese ladies?" I asked her. She said that they also joined the others. She looked highly embarrassed when I said that we Hindus would not like others to push their religion and language down our throat. Therefore, I asked, was it not unfair to impose our religion and language on them? Unsuccessfully trying to find a reasonable response, she said that they went to the chapel when they wanted to practise their religion. She blushed, fully aware that she was being economical with the truth. She is aware that the church is used for cutting vegetables for cooking and for the use of Hindu prayers and other Hindu religious meetings, thereby denying the Christian residents their inalienable human rights to pursue their religious belief. Professional social work is about being value-free, fair, and respectful of the feelings of those needing support in time of crises.

Conclusions

This Women's Home is one of the first women's refuges, if not the first, in Mauritius for persons of this category, that is, women who have been abused, battered, made homeless as a result of domestic violence or family conflict. First, it is important because it provides the breathing space for the abused persons and the time needed to deal with the crises so that their returning home can be negotiated or a long-term care plan can be organized. Therefore, this Women's Home is performing a socially useful role. What is,

however, missing to maximize its effectiveness is adequate social work skills and proper planning aimed at assisting abused and traumatized people, who have been experiencing perhaps the greatest crises in their lives. Promoting a religion, an ideology, or simply playing safe by reflecting certain dominant political or philosophical views, as this Home appears to be doing, is hardly good practice in professional social work terms.

HOME NO.4

Background

Residential Home No.4 is for the Mauritian Anglicans of pensionable age, catering for both male and female residents. Despite the capitulation of French's Ile de France in 1810, as Mauritius was then known, the Anglican population has remained very small. Writing about them just over a decade ago, Mannick (1979:p.69) said: "The Anglican Church is small and attended mainly by Britishers who number about a thousand on the island, and small numbers of the Indian and Creole communities". The anthropologist, Burton Benedict, (1965:p.33) was probably more accurate when he stated "In 1962 there were 6,705 Anglicans as against 218,572 Roman Catholics". Benedict (1961:p.40) felt that "... this Church has never made much headway in Mauritius, despite early missionary activity". In addition to expatriate Britons, there are Indian, Creole, and Chinese Anglicans. Talking to a number of Mauritian Anglicans, I have been reliably informed that the majority of the Anglican converts came from the more comfortable and literate social classes, particularly those with careers,

such as government officers, administrators, nurses, police officers, and teachers, during the period of British colonial administration. With most heads of important government departments and major private commercial companies being expatriate British, Anglicanism offered unique opportunities for job and status progression. Religions, especially Catholicism and Anglicanism, played an important part in matters of employment and social advancement during French and British colonialism in Mauritius. But during the post-colonial period, casteism replaced the influences of the two religions (Mannick, 1979: pp.66-67). That is in the Hindu-dominated Mauritius, castes play an important role in terms of job promotion and socially upward mobility.

Home No.4 is situated in the centre of a bustling village. However, as it is sited in the middle of an extensive plot of land, owned by the Church of England, the atmosphere is quiet and even idyllic. On entering inside I saw a couple of elderly ladies, sitting on a wooden bench, sheltering under the shadow of a large tree against the sweltering midday sun, each reading a book. They were well dressed and looked prosperous as compared to those I saw in the Homes I visited before. They directed me towards the reception area, which was spacious and projected the appearance of an office of a Home. There were a few posters on the walls and some notices. There this quote from the Bible was displayed prominently:

"Cast your burden on the Lord and He will sustain you".

There was another quote from the Bible there:

"Christ is the head of this house

The unseen guest at every meal

The silent listener to every conversation".

The manager of Home No.4 appears to be a very amiable and competent man. He is brown and by his Indian features one can guess that he is of Indian extraction. He is a member of the Church of England. Introducing myself in patois, as I did at the other Homes and as advised, I produced my donation of biscuits and cakes. The manager responded in perfect English and was ready to answer my questions and to show me around without any fuss, although the visit was made without an appointment. Experiences have taught me that seeing a Home is more successful without pre-arrangement, as this method offers little or no opportunity to refuse access on some phoney grounds. He might have extended a noticeably warm welcome to me because I lived in England, in addition to being a social work colleague.

According to his account, the higher echelons of the Church of England in Mauritius were getting increasingly concerned from the 50s onward about the inadequate welfare services, particularly residential support, for especially the ageing, infirmed, and the lonely members of the Anglican community. With relatively smaller families and the early adoption of the English nuclear family system, many of the elderly Mauritian Anglicans had begun to find themselves isolated

and lonely from the growing situation of diminishing support network in the family as well as in the community. The Church of England was also under psychological pressure from the Catholic Church which had been pioneering many welfare projects, including establishing many Homes, whilst it had done comparatively nothing for its community. This was the situation, although the first Bishop of Mauritius, Dr V.W.Ryan, had arrived on the island as long ago as the middle of 19th century, with a large number of indentured labourers from India, with the highest priority of converting many of them: the "... evangelization of the coolies became a pressing preoccupation of his (U. Bissoondoyal, ed., 1984:p.88)". The manager added that it was also discovered that the assumption that the Anglicans, because of their comfortable professional backgrounds, could "look after themselves in their old age", was a myth. He continued:

"You may have money, but if you are old and invalid and there is no support, there are no social services, what can you do with your money? Your big house, your money, and all your possessions can't look after you when you are sick, you can't get up, you can't wash yourself, you feel lonely. You need help like we give here".

The Home

Home No.4 was opened by Lady Deverell, the wife of the Governor of the British colony of Mauritius, on 20.2.1962.

It was built on the land owned by the Church of England, as stated above. The Home consists of four large blocks of single and double rooms, built at a fair distance from each other, thereby giving a sense of space and removing the claustrophobic atmosphere seen at the other Homes. They are modern buildings built of concrete and are cyclone-resistant. There are some trees and flowers around the place, but, to enhance the quality of the environment, much more can be done.

The Referrals

Home No.4 is a mixed residential establishment, male and female, of over 60 years old and a few younger residents. The manager assures me that the residents came from different religious groups and different social classes. However, my assessment shows that very few came from the poorer section of the working class and from other religious communities than from the Anglican's. It also appears that most of them were officers in the civil service. There are 73 residents, living in the four blocks of flats, two of which are occupied by private and paid residents and the remaining two by State-funded residents. Believing that such mixed groups can cause friction in the social context of Mauritius, I asked the manager:

"Does'nt this cause some friction sometimes?

Do the self-funded residents exhibit an attitude of being superior at times?"

He has noticed this, but he feels that this attitude is

inevitable among Mauritians, who are, to use his words, 'madly class-conscious'.

Those who are funded by the State are mainly referred by the Department of Social Security, as in the case of the other Homes. The criteria for referring the residents are mainly based on old age, loneliness, and that the applicants have no network of support in the community. However, he adds that the Home itself has little influence as to the choice of State-funded residents, but, by and large, the manager says, the referring agencies are aware of the criteria for admission of people and adhere to them. Some people are also referred by influential people, like some caring employers. A very old family servant, who appears little confused, confirms this:

"Mo pas ena personne. Mo bourgeois finne
amène moi la. Mo pas content ici".

[I've no family. My employer has brought me
here. But I don't like it here].

The young care assistant informs me that this Tamil lady was a domestic servant. When she could no longer work, her employer had placed her in this Home. She seems to have undergone the same horrendous process that many elderly people are encountering in today's Mauritius. Like in the West, it appears that once one is unproductive work-wise, one becomes unwanted. She adds that she has to lock her in her room for most of the time in order to prevent her from running away. She looks clearly unhappy and will, no doubt,

run away at the first opportunity, although absconding might not be to her best interests, being confused and having no family to go to.

The others, especially the private and paid residents, approached the Home directly or their immediate relatives refer them. The manager confesses that the criteria for admission for the comparatively well-off are not too strictly applied, as the Home needs funding to keep going. The only conditions which have to be met in their case are that they are sixty years old or they can pay the residential fee. Money has always been important in every aspect of life in Mauritius. In today's obsessively materialistic Mauritius, it appears to have become particularly essential to survive.

The demand for places in Home No.4 is very high. According to the manager: "Demands for places are three times more than the available places". He adds that shortage of residential accommodation will be bound to develop into serious crises, with "... the pensioners' population increasing by 10 per cent by the year 2000". A recent study (L'Express, 6.12.1994) states that "... the number of old people will rise by three fold from 88000 in 1990 to 261000 in 2030". The government cannot go on ignoring the fact that the current social welfare system needs rethinking.

According to the manager, the government recognizes this problem and, to quote the manager, "... is doing a lot to improve the quality of life of the old people". However,

this study has shown that not enough is being done, as evidenced by the inadequacy and inappropriateness of current welfare provisions generally for all the service-users' groups.

Fundings

The manager sees inadequate resources as a major problem and a serious hindrance towards extending his helping programmes. The State makes a per capita grant payment for those referred by the Department of Social Security Department, as is the case in other Homes. The Home also receives an income from the private residents. There are also some donations by the comfortably well-off Anglicans in the community. However, the manager stresses:

"The resources don't go very far. The Anglican community is literally a drop in the ocean and the members are not wealthy like the Indians. Their donations are small. We don't get bags of rice like the ashrams and other residential establishments here".

He feels that the government should recognize their disadvantages and increase its material support. He has made a reasonable point for his community, with which I am in sympathy.

The Staff

They comprise a manager and an assistant manager, a husband-and-wife team. Before they took up their job, they spent

many years in the nursing profession. I spoke with both of them. They are warm, friendly, and competent workers. Their nursing background is a great asset to the Home, in view of the age of its population, which needs medical attention as well. There are 20 workers, who include the assistants, the cooks, and the gardeners. The manager feels that the numbers of staff are far too inadequate to cope with the mounting demands made on them by the relatively articulate residents. However, he says that there is nothing he can do about it in the face of limited resources at his disposal. He uses volunteers from the residents to help with administrative work. One must bear in mind that there are many well qualified people among the elderly residents, who are often eager to use their rich life-experiences in the best interests of others. This fact is too often ignored. To improve the quality of life for the elderly, the skills of these people should be used. During the interview, the manager introduced me to a volunteer, an ex-chartered accountant, who was busy doing book-keeping.

We also touched on training for the assistants. It appears that there is no training, like in the previous places seen. They seem to be learning to care for others on the job, which is highly unsatisfactory, in view of the often complex needs of elderly residents. There are no strict regulations ensuring that the staff are sufficiently equipped to work in an old people's Home. It appears that anyone can set up and run a Home, irrespective of his or her experience or background. If this is the fact, as it is shown it is, the most vulnerable people in a Home can be exposed to great

risks or frauds. Both the authority and those running residential establishments should realize that leaving one's home, after many years, to start another life, which involves a lot of unlearning and re-socialization, is not without its heartbreak, stress, and trauma. Therefore, needless to point out that working with such people needs a tremendous amount of training, self-confidence, and positive faith as a facilitator for the newly arrived residents in a literally alien world. The manager, being a caring man, with some progressive ideas, agreed with me, but threw his hands up in despair and said:

"I know all these, Mr Lingayah. But what can I do? Training for the staff and more facilities for the old people here need resources. I don't have resources. Make a large donation and I'll show you what I can do".

Participation of Residents

The manager also discussed the concept of participation, that is, the residents having a say in the running of the Home. Having not heard of residents' participation raised at the other residential Homes, I was interested in how he implemented this concept and to what extent. The manager sees his position and that of the staff depending on the residents. Therefore, he says that he regards the latter as his employers and, as such, his tasks are restricted to carrying out their wishes and decisions. As a result, he views his role as no more than providing professional

guidance during the decision-making processes. The approach appears similar or close to the needs-led one, as introduced by the recent community care legislation in Britain. I was impressed with his definition of participation and how it was implemented. These are but a few examples of participation-in-action he gave me:

"For example, we ask the residents what types of food they like. They give us a list. Then we sit down and plan the dishes for the weeks ahead. If later on they change their mind about certain dishes, we make the changes that they want. We do the same thing on other matters, like parties, outings, etc."

Activities

Activities are also democratically organized, the manager informs me. Physical exercises, parties, and outings are regularly planned. However, he says that he is not happy with current activities. He wants to extend them, but he feels very frustrated that he cannot do so because of limited resources. However, he encourages the residents also to do their own things, i.e. visiting friends, attending church services, and continuing with their hobbies.

Talking to Residents

I was first taken to meet the State-funded residents. Their buildings are separate from the private residents'. The young female assistant is a warm and friendly person, who is responsible for this block of rooms. She says that she

likes working with the elderly, but prefers to work with young children. I met and talked to three residents, all female, and saw their rooms. The residents looked clean, well-dressed, well fed, and reasonably contented. The rooms were adequately furnished, with a decent bed, a table, and chairs. There is a kitchenette in a separate corner for them to use for a cup of tea, etc. Bathroom and toilet are indoors and are clean. It was there that I met the slightly confused Tamil lady, who was locked in her room so as to prevent her from absconding. I also talked to a blind resident.

I was also taken to another block of rooms, where I met a few female private residents. They are clearly a different category of pensioners, who are light-skinned creoles, better dressed, and speak French. They are ex-teachers, ex-nurses, and ex-government department's officers. Being more articulate and having wider interest, they asked many questions about life for the Mauritian immigrants in England with some longing to go there on their faces. They were also interested in my job as a social worker and wanted to know if the residential Homes for the elderly in England were more comfortable than theirs. They also wanted me to take their photographs so that I could show them to members of my Association and their compatriots. Their rooms are much larger, well-decorated, better furnished, and generally more comfortable.

I was also taken to the men's block. I spoke to a relatively young man in a safari jacket and wearing dark glasses.

Wondering what he was doing there at so young an age, I asked him a number of questions. He was a police constable. He took early retirement only at the age of fifty two because of severe depression. He has been living there for the past three years. He was placed by his brother. He was there because:

"Qui pou faire? Pas ena aucun lieu pou allè".

[What can I do? I've nobody to go to]".

Conclusions

Home No.4 is probably one of the best, if not the best, residential Homes I came across during fieldwork in Mauritius. It is a good model for the other Homes to emulate.

HOME NO.5

Home No.5 consists of three separate buildings, one of which is of ordinary, modern, but unimpressive architecturally and others are of attractive French colonial architecture, built mainly of timbers and are relatively palatial. The Sisters could not exactly be precise as to when the Home was founded. They put the date roughly to about 1900, that is, at the end of the 19th century. However, they are not sure who founded this institution: they believe that it could be Mère Augustine. I was taken aback by the ignorance, being one of those who believes that if you work in such an important institution as a Convent, you must have a fair knowledge of its history. On the other hand, I cannot blame them entirely. Nobody

seems so far to have the commonsense of taking the trouble of keeping records of residential establishments in Mauritius. There seems to be hardly any comprehensive records about particularly the old residential establishments. Record-keeping does not appear to be the strong point of ex-colonies. Casually muddling through whatever one is doing appears to be the general style. Therefore, like those Sisters, those who come to work there at a later on, are not in a position to give a convincing account of the history of their institution. All these, in one way or another, are indicative of the poor quality of residential Homes on the island, apart from lack of professional competence by those who are supposed to have supervisory and inspectorate roles and responsibilities.

As a small child, working with my father, I passed by this Convent up and down to the sugar factory countless times, always wondering who those people living behind that great wall were and how did they live. Fieldwork in Mauritius gave me the first opportunity to quench my childhood's curiosity and saw for myself the backgrounds of many of them, how they lived, and what the future held for them.

The Children's Home

Not far from the main gate of this institution, situated in a vast plot of land, on entering there, I saw a group of little boys, looking inquisitive and excited. They were heard saying to each other:

"Zotte pe vinne cotte nous. Mo sire zotte pe

vinne cotte nous". [They're coming to see us.

I'm sure they're coming to see us].

I went to this Home first, with biscuits and cakes, the means of getting access. I saw three Indian-looking young Nuns. Assumed that they were Mauritians, I addressed them in patois, asking them permission to talk to them about the place and to see the boys. They were very warm and friendly. One of them told me that they were novices from Kerala, from the state in the South West of India, and were on placement in Mauritius. One of them called the sister-in-charge, a middle age Nun, who welcomed me politely and was prepared to talk to me, although it was nearly lunch time and the boys were getting very agitated and restless around those large tables in the dining room. It was difficult to guess whether their behaviour was due to feeling famished or was triggered off by my presence. How I wanted to find out more about them? They were such a lovely bunch of boys, who, for some reasons, happened to be institutionalized. But there was neither the time nor the opportunity to find out more about them. With access facilities, there might be possibilities to do so in the future.

The Children

This Home is exclusively for boys, aged from 5 to 13. It has capacity to take up 20 boys. But there are only 19 boys at the time of the visit. They will remain there until their thirteenth birthday. They will subsequently be transferred to another Home.

The main bulk of the children came from Home No.1, which looked after children of both sexes from birth to the age of five. If there are vacancies, children referred by the Department of Social Security are admitted. But the priority of the Home seems to be rigidly adhered to the policy of only taking children from the institution's traditional arrangements: that is, the children move from one Home to another at the fixed age. As a consequence, rarely are there vacancies to admit the growing number of destitute children from government agencies, which is indicative of the growing problem of family breakdown and the signs of a ruptured community.

As stated under Home No.1, the children came mainly from broken homes, single mothers, destitute families, and from the families who will, because of stigma, reject a child born out of wedlock and, in some cases, fathered by someone outside the ethnic or religious group. In certain circumstances, to protect the reputation of the family, both mother and baby are thrown out, as in the case of a 15 year old Muslim girl with a few days old baby in Home no. 8:

"Mo mama papa finne mette moi dehor a cause
ti baba la. Un garçon Indien finne embette moi".

[My parents have thrown me out because of the
baby. An Indian boy has deceived me by making
me pregnant].

The children came from different religious communities and classes, except that I could not see a single child of

either Chinese extraction or from the Franco-Mauritian community. Being generally well-off and having their specific life-styles to protect, they might have their own arrangements of careplan for their orphans and unwanted children. But nothing is known about these arrangements. Therefore, there is clearly a gap to be filled by a researcher in this area. Speaking from experience, the problem will be one of access. In this Home the children are brought up and educated according to the precepts of Catholicism understand from my interview and discussion with the Nuns of this Home that the cultural identity of the children has no place in the curriculum of their socialization at the Catholic residential establishments. One of the Nuns perhaps correctly responded to my anxiety about some children, coming from Hindu and Muslim homes or families, who are given no opportunity of having an insight into their backgrounds by the Homes run by the Catholic church:

"Zotte famille finne enbandonne zotte avec nous
depi ti baba. Zotte famille pas finne adopté zotte.
Qui zotte pou beneficiè, si zotte connais dans qui
communauté zotte finne né? Explique zotte zotte
famille plito sa pou faire zotte plis du mal qui du
bien". [Their families have abandoned them with us
since babyhood. Their families have not adopted them.
What will they gain by telling them about their
families? Telling them about their families is
bound to do them more harm than good].

I strongly disagree with this negative attitude. Many circumstances lead to children being driven into residential institutions. Destitution, inability by the mother or father of the child to look after him or her, and pressure from the family are but three facts that contribute to the admission. Things also change as time goes by: the mother or the father of the child, as a result of becoming more mature and materially independent enough to take decisions, may be able to take the child back home. In my over fifteen years as a social work practitioner, I have seen many parents developing sufficient social skills and childcare capacity to be able to successfully taking their children back from the care of the authority. Another important point is that a child, whether in care or adopted, always, when grown up, wishes to know his or her birth family. On these grounds, the above argument of the Nun is naive and is also another demonstration of lack of social work training, skills, and what C. Wright Mills calls 'sociological imagination'. Denying adopted children or institutionalized children knowledge of their background at a reasonable age is storing great and even unsurmountable troubles in the future.

I tried to talk to the boys. They were very shy, in spite of their excited moods. The presence of the Nuns could have contributed to their reticence. This behaviour is markedly different from boys' in the normal families, who, I have noticed, are cheekier than boys of my generation and tend to have no inhibition of addressing the adults like their equal, which is in conformity with the new method of socialization. The traditional values establishing a

hierarchy of respects have long gone, if they are not going very fast. On the other hand, I understand that the emphasis on socialization of this Catholic institution is strictly on conformity and obedience. As a result, I can see many of them experiencing enormous problems of unlearning and readjustment for lack of relevant social skills once they have to leave the protection of their Home. The socialization of the Home, in my view, is too parochial, restrictive, and outdated. It inculcates no real social skills to cope effectively in the real world.

The Dormitory

Visiting the boys' dormitory reminded me of the many useful recommendations made by the Titmuss Report (1960) in respect of residential institutions, which have hitherto remained unimplemented. The Report recommended privacy, toys, play areas, the separation of young boys from the older ones, etc. I was curious to find out to what extent had his recommendations been implemented. The dormitory was spotlessly clean. However, the boys of mixed age still shared a large dormitory, equipped with bunkbeds. I saw no personal lockers, no toys, and no play areas. Sleeping arrangements for boys as young as just over five with the thirteen years old boys could be the inevitable recipe for homosexual horseplay.

Conclusions

There is no doubt that the boys looked healthy and relatively happy, although they have experienced no conventional family life and normal childhood. Without the

admirable work of this Home, many of them might have already died and others would have been exploited by their own relatives. However, selfless devotion to helping children, an attribute which undoubtedly these Nuns possess, in itself is not enough. It seems that this establishment, like the others, emphasizes too much on the physical well-being of the residents without paying adequate attention to emotional and other factors. People in institutions, like their counterparts outside, have several needs. To acquire such a knowledge, there is an urgent need for training in good social work practice, more resources, encouragement, and regular inspection by the authority.

HOME NO.6

This is an all-female Home run by the Catholic church. There are 38 residents, aged between 20 and 98, with different and varied disabilities. Some of them are wheelchair-bound, while others have from relatively moderate physical and mental disabilities to fairly serious ones. There are also some residents who are incapacitated as a result of old age. The residents seem to reflect a cross-section of the Mauritian communities, but with the notable absence of Chinese and Franco-Mauritian residents. Regarding the religious groups, the bulk of them come from the Catholic section of the Mauritian population. The Sister-in-Charge gave this reason for the over-representation of Catholic residents:

"Astère la ena banne ashram Indien.

Banne femme Indienne alle dans ashram".

[Nowadays there some ashrams. The Hindus seek admission in the ashram].

However, I saw a number of names inscribed on a wall, suggesting that most of the members of the Mauritian communities, at one or another time in the history of this convent, were represented there. But those bearing Indian surnames could be of Catholic religion. Raising the issues of race, religion, and cultural identity, the Sister responded that the residents had free choice about keeping their cultural heritage, a statement which astonished me as a Mauritian who was fully aware of the history of racism in most, if not all, of the religions practised on the island. She immediately introduced me to a middle aged Indian woman, who, I was told, was initially admitted many years ago as an abandoned child. The Sister said that this woman recently went through baptism at her own volition, of which I have my doubt. Living in a Catholic environment is in itself an overwhelming psychological pressure powerful enough to compel her to accept religious conversion. I was also told that this woman had return after leaving the convent several years ago. The Sister appeared to take this as a compliment of the good work done by her institution. I, on the other hand, take it as a major weakness of residential institutions on the island. The main aim of providing care package, especially in the case of young children, is to ensure that they are well equipped to cope on their own initiatives when discharged in the community. This is the hallmark of effective social work practice.

The Dormitory

The dormitory is in a vast hall, with beds lined up on both sides of the walls. A passage is left in the middle. There is a locker at each bed, in which, it appears, each resident keeps her worldly goods. The dormitory is organized on the basis of open-plan. Therefore, there is no privacy. Only around the bed of a very ill and old woman there are some screens. Believing that her presence was distressing to the other residents, I said that it would be more appropriate for her to be in a hospital, where medical treatment and other relevant support would be at hand. The respond to this view was:

"Li finne reste ici trop long temp. Li lè mort ici même. [She has been living here for a long time. She wants to die here itself].

The place is kept beautifully clean and spotless. So are the residents, who appear well looked after. What a sharp contrast this place is as compared to the other places I visited, particularly the disgraceful Home no.2. So far as I am concerned, Home no.2 is a dumping field, which calls for the sacking of the present management, drastic restructuring and improvement, or closure on grounds of unfit for human habitation.

Activities

It was just after lunch time when I visited. It was a pleasant Sunday early afternoon. Many of the residents, young, middle aged, old, and with different levels of

disabilities, were sitting in their Sunday best, watching television. There seems no comprehensive programme of activities. The daily routine for the residents is to get up at certain time, carry out their allotted tasks, keep the place and themselves tidy, pray, and watch television. There appears to be neither the skills nor the resources to generate and implement activities relevant to stimulate the residents and inspire hope to the extent of making them feel that so long as there is life it should be appreciated and enjoyed. Selfless devotion dedicated to the care of the less fortunate people is a major asset, but in itself it is not enough to really enhance the quality of life. Disability or old age should be no bar to the enjoyment of the gift of life.

The Sister agrees that the management of a Home like hers should have a well thought out programme of activities. She believes that she has some good ideas, but she cannot implement them for lack of resources:

"Parfois nous amène zotte bord de mer par bus.

Mais sa depend nous moyens. Nous pas capave
sorti souvent couma nous ti a content sorti.

Sa l'argent ce qui gouvernement donne nous
la pas siffi". [Sometimes we take them to the
seaside. But this depends on our resources.

We can't go on outings as often as
we would have liked to. The grants that
we receive from the government are not sufficient].

This Home also has some residents condemned in wheelchairs, as indicated above. They invariably do not join others on excursions because of their disabilities and, as such, inability to use ordinary system of transport. I suggested that the Convent should invest in a coach adapted for physically disabled residents. The problem seems to be that those involved in social welfare are limited in their vision, thereby tending to believe that their exclusive role is simply to meet the physical needs of the recipients of social services. Man does not live by bread alone, to paraphrase a biblical saying. To maintain the equilibrium between their physical needs and their inner feelings, attempts should be made to satisfy the needs of the whole persons and not only part of them. But positive thinking in social work can only be achieved by good training, which appears to be non-existent and this does seem to cross the mind of anyone with social welfare responsibilities.

Conclusions

However, one must pay tributes to the Catholic church in Mauritius in general and the Nuns in particularly for their firm commitment to helping the destitute and the poor. They have undoubtedly led the way in the domain of social welfare on the island. What is, however, needed is the modernization of welfare provisions in keeping with the radical social change through which the island is undergoing.

HOME NO.7

The History

The founder and originator of this Home, which was

specifically for Hindus, was established by an Indian, who emigrated to Mauritius from India in the early part of the 20th century. He was socialized in his formative years in an environment of services to the poor and destitute. Disturb at the social conditions of the poor, the lonely, and the rejected in the Hindu community in Mauritius, he took up the challenge and translated his philosophy of services to the people into action. When he retired, he turned his home into an institution similar to an ashram and administered it with the support of his family and volunteers. This was not only a courageous act, but also a praiseworthy deed. It was originally a mixed Home catered for both sexes, male and female. In 1944, the colonial government, having recognized its socially useful work in the Hindu community, an ethnic group who did not have such facility hitherto, approved a grant for its maintenance. Subsequently, the founder, having seen a growing number of particularly female children and elderly women experiencing rejection and homelessness through poverty and other social problems, decided to dedicate this place specifically to these categories of people, that is, women and children. However, there were also some boys, who invariably came with their mothers and remained there until the age of twelve. Alternative arrangements were made for the boys, i.e. efforts were devoted to fostering them with families or getting them adopted. This work continues to remain one of the main goals of this residential institution's objectives.

Sources of Referrals

As stated above, this Home accepts referrals only from the Hindu community. Like the other Homes, however, referrals comes from a variety of sources. Social Security Department and influential people in the community refer some poor and destitute individuals. Other referrals include the orphans, unwanted children, girls or women with physical disabilities, unwed expectant mothers, battered wives, and abandoned, sick, and lonely elderly. Mentally ill individuals are not admitted because, I was told, the staff are not equipped to help them, but it was pointed out that there was no guarantee that one or two psychotic persons would not somehow escape the screening process and find themselves there. Self-referrals are also accepted, but their chances of being successfully admitted are pretty low, in view of the heavy demand made for places on this institution. This is another indication of the erosion of informal support in the family and in the community.

There are 112 places. The Home was full to capacity when I made my visit. The manager informed me that he was being constantly harassed to take more residents. Demands for places appear to considerably overtake the availability of vacancies. This situation is getting worse, with the continuing evaporation of the once closely-knit communal life under the pressure of industrialization and capitalism and their dangerous repercussions on the Mauritian society. The combined forces of consumerism and individualism are leaving no time to take care of the dependent members of the

family. Responsibilities and compassion for the weaker members of the family and society seem to be dissipating. Furthermore, no social class seems to be immune from the corrosive disintegration of the once cohesive and caring Mauritian value system. This case illustrates this point most forcefully: a middle class woman, with children at the university and husband retired from a high position in government department, had been looking after her 84 years old mother until two years ago. She is now in Home No.7. The daughter confesses that she sincerely did not want to place her mother in this residential institution, but, she added, she was driven to do so by her husband and children. With tears streaming down her cheeks, she said: "nobody wants my mother". Cases like this one, judging from fieldwork experiences, are a growing phenomenon on the island.

Fundings

This Home takes government-funded residents and also private ones. Resources, I was told, were a major problem as a result of the spiralling costs of goods and services needed to manage this institution. As the revenue brought by the residents is far from adequate, heavy reliance is placed on fund-raising events and donations. The tradition of taking vows for one reason or another by members of the Hindu community in Mauritius seems to be a blessing for this Home. Donations of food stuffs are given generously by the people. The sizeable godown was chock-a-block with bags of rice and other food stuffs when I made my visit. The manager comments:

"If we did not get so much donation, we would not be able to manage".

In response to my question as who and why people made so generous donations, a member of the staff explained:

"Tout classe dimoune faire donation. Parmi zotte ena banne riche. Ena banne pauve. Banne Hindus tout le temp faire promesse. Quand la secherese, zotte faire promesse pou la pli. Zotte faire promesse pou zotte gagne bon plantation. Zotte faire promesse pou zotte zenfants gagne un bon la cage. Zotte faire promesse pou zotte gagne bon la sante. Zotte faire promesse pou passe l'examen. Dire moi quand zotte pas faire promesse? Mais sa tradition la li dans nous faveur. Nous gagne boucoup quique chose avec zotte".

[Donations come from all social classes: from the wealthy as well as from the poor. Hindus are always indulging in making vows. When there is a drought, they make vows for rain. They make vows in order to have a good harvest. They make vows so that their children will find happy marriages. They make vows so that they can enjoy good health. They make vows so that they will be successful at exams. Tell me, if you know, when they don't make vows? But this tradition of taking vows works in our favour. We receive many things from them].

The philosophy

The whole approach of running the Home is based on the idea of one large extended family and the carers, as head of the family, is responsible for the welfare of the residents. Thus the frail, the elderly, and the disabled, as members of this family, are taken care of. For example, effort are made so as to ensure that most of their needs, if not all, are met satisfactorily: that is, those who need special diets, medical attention, or other facilities receive them, just as any sensible and caring parents would leave no stone unturned to try to bring happiness in the family. In the case of the children, they are sent to local schools for their education. When the girls reach marriageable age, the carers, especially the manager and his wife, will make all the arrangements, by going through the different processes, as if they are marrying their own daughter. To reiterate, this Home is managed like the household of a joint family, which, it goes without saying, is almost an Herculean task, in view of the fact that it consists of no less than 112 members. Furthermore, the residents come from different social classes, backgrounds, and castes. Although Home No.7. makes great effort to discourage class, communal, or caste conflict, tensions among the different groups, I was told, often became inevitable.

The Staff and Training

There are seven staff, who include the manager, the assistant manager, three care assistants, and two cooks.

The able-bodied residents, of whom there are quite a few, help with washing, cleaning, cutting vegetables, and doing other chores. The dedicated hard work by everyone was highly visible during the visit in this vast institution. People were seen busy washing, cleaning, and involving in general tidying up.

With so many abled and physically fit persons around, it surprised me to see them remaining institutionalized and dependent. This must be a serious weakness in the philosophy of the Home, as, so far as I understand, the primary goal of any such institutions is to encourage the development of self-sufficiency and independence with a view to joining the community outside. Effective social work practice, in my view, will result in the discharge of a considerable number of currently institutionalized residents into the community, producing three socially useful effects: (i) there will be vacancies for those who genuinely need residential care support; (ii) they will help increase the national industrial production; and (iii) the combined impact will be most likely to reduce social service expenditure as well as the rate of taxation. This is not taking into consideration the self-confidence and self-respect that the discharged residents will experience as a consequence, so to speak, of standing on their own feet.

The manager appears to be a warm and caring person. He is an educated man. He preferred that the interview be conducted in English. He said he was appointed by the members of the Committee, following the retirement of a

'friend'. As he had just retired from government service, he added, and was interested in helping people, he accepted the offer. He agreed that one needed more than devotion to helping the needy, the rejected, and the destitute. But all the training he had was a three-day course on gerontology. He was modest enough to acknowledge the social work training he had was far from adequate to run such a large institution as Home No.7. He said that he would have liked to have some training in residential work, but he complained that the course on social work available at the University of Mauritius was far from satisfactory. He indicated that the idea of social welfare was propagated on the island more for political reasons and, in the process, to attract votes at election time rather than for any selfless humanitarian objectives.

The care assistants were equally untrained and amateurish, although as I witnessed, carried out their allotted functions with selfless devotion. I asked a care assistant, a young girl, wearing dark glasses, who could be a daughter or a relative of a Committee member, what would she do if one of the residents suffered a sudden heart seizure. She responded:

"Mo galoupè mo alle crie dimoune cequi en charge la. [I shall rush and shout for the manager]".

For lack of training the manager himself was unsure of what to do in such a crisis. It was like the blind leading the

blind. No caring government or society could allow powerless people's lives to be messed around with by those too ignorant, albeit concerned and caring, to be able to help them at the most critical stage of their lives.

An incident in which a resident nearly died as a result of untrained staff in this establishment was brought to my attention thus:

"I met a lady at Civil Hospital, who came to visit her 84 year old mother, who is a resident in this Home. She was given a large amount of grapes by a visitor. She ate the whole lot. She did not know that this would affect her diabetes. As a result of having no advice from the care assistants, she was put on a drip and her life was at risk".

A Matter of Concern

As indicated above, this Home takes a large number of residents with a variety of problems, which require a wide range of social work skills to deal with. With untrained staff, starting from the top to the bottom, the residential establishment cannot carry out the true functions of such an institution. As a result, scarce resources are being wasted, apart, more importantly, from putting lives at risk. Dealing with other people's lives is a high responsibility from the standpoint of both legal and social aspects. The social aspect imposes a moral duty on those managing the Home to take good care of the residents. From the legal viewpoint,

on the other hand, failure to show competence in caring for someone who has died can be ended up in court for gross negligence. In the changing cultural climate, no Home can afford to be run on an amateurish basis. Payment for services rendered has to be reciprocated in a professional manner.

Visit to Dormitories

Home No.7 consists of a huge building and annexes. There are five dormitories, two of which are the dormitories for mainly frail and bed-ridden residents. They are tidy and clean. Many of them, in my view, should have been hospitalized on grounds of medical rather than social problems. All the dormitories appear clean, adequately furnished, and reasonably comfortable. They are large, shared, and without privacy.

Activities

A lot of good work is being done there. For example, great efforts are invested in family-finding for the young children. This Home also does its best to marry its young girls in the community. When I visited the Home, arrangements were under way to marry one of the young girls. The problem of stigma also raised its ugly head in this case because the parents of the prospective bridegroom were raising objection about their son marrying a girl from an institution. Living in institutions such as a Home is invariably accompanied by some form of stigma. This is also a fact even in the so-called civilized West. Therefore, greater emphasis should be

placed on proactive and preventive actions: that is, deal with the problems at source before getting the stigmatizing institutions involved.

The young children attend the normal local schools in the area. In addition, they have instructions in Hindi and Hinduism of particularly from the Aryasamajist perspective, which is a more progressive and reformist form of Hindu life. The young, especially the girls, are given training in home economics, sewing, cooking, and developing values helpful for a married family life in the community. The socialization for the young is good in the fact that they are brought up with a view to achieving some level of self-sufficiency. Some residents, particularly the elderly, seem to spend a good deal of their time at the temple there, praying and meditating. They should be encouraged, in my view, to develop interests going beyond prayers and meditation. Obsession with religion, however important it is, can detract from encountering the reality of the daily circumstances of life.

Conclusions

There is no doubt that Home No.7 is another good residential establishment. However, there is a need to develop a clear vision for long-term planning and direction. To be more effective and of greater help to the service-users, its roles and functions have to be periodically and critically evaluated with a view to making it more effective. A good beginning will be to provide the staff with some basic training which is expected from all

residential workers. It is hoped that training in basic residential social work will encourage the development of therapeutic helping programmes in order that the residents' other needs than physiological's are also taken cared of.

HOME NO.8

The History

This Home was founded as an orphanage by the Muslim community in Mauritius in 1932. It appears that this community's responses to the needs of its members have been much earlier than those by the Hindu community. This could be due to the fact that the core of the teachings of Prophet Mohammed in practice focuses more strongly on the concept of communal duties and responsibilities, stressing on mutual support and reciprocal actions, than the teachings of Hinduism in the context of Mauritius. Originally, it is meant to be exclusively for orphans. As a result, it is still known as an orphanage, although it has a mixed group of residents in terms of age-range and social problems. This Home seems to have been fairly proactive in the fact that it has changed its aims and objectives in accordance with the changing needs of its community.

Referrals

Home No.8 is a strictly Muslim residential establishment and it caters exclusively for females. The referrals, unlike the other similar institutions, come largely from influential people in the community, the mosques, and also directly from families of individuals needing a placement. In other words, very few of its referrals come from the

Social Security Department. Its residents include orphans, unwanted children, single mothers, battered wives, some girls with mild disabilities, rejected elderly, and lonely old people who have no one to care for them. Occasionally, this institution opens its door for children from other than the Muslim community in cases of emergency. This is praiseworthy. When I made my visit, I was introduced to a little abandoned Catholic girl. She was placed by the Social Security Department. There are 70 places, but this massive building appears relatively empty and much under-occupied.

Some Problems Resulting in Admission

There I was introduced to a small fifteen year old Muslim girl, with a few days old baby. She looked very distraught. She had some good reasons to appear so distressed:

"Mo mama papa finne mètte moi dehor a cause sa ti baba la. Un garçon Indien finne embètte moi". [My parents have thrown me out because of the baby. An Indian boy had deceived me by making me pregnant].

She was not sure what would happen to her and the baby. I turned to one of the women who had been living there for many years for a response:

"Li pou reste ici pou un deux trois mois.
Après sa li pou qitte ti baba la li pou allè.

Mo pense pas qui so mama papa pou acceptè ti baba la. Parcequi so papa li un garçon Indien".

[She will remain here for a few months.

Then she will leave the baby and return home.

It is unlikely that her parents will accept the baby because he was fathered by a Hindu boy].

Babies like this one are usually referred to institutions like Home No.1. They are then put up for adoption. Being still in babyhood, their chances for adoption are greater than those who arrive there at an older age. But this girl's unwanted baby is female. As boys are in greater demand for adoption than girls, she may have some difficulty to find a permanent family.

I was also introduced to another young woman there. She was recovering from an overdozed. What was her problem? She said that her husband had beaten her up when she confronted him with the complaint that he had a mistress. In this male-dominated society it still appears okay if the husband is unfaithful, but not the wife. But things are changing more equitably. Without the existence of this Home, this woman would have to put up to more violence and disgraceful behaviour from her husband.

Fundings

The maintenance for poor children and adults is funded by the State, like other similar institutions. Those who have the means to pay do so for their own maintenance. However,

income from these sources are far from adequate. Like the other Homes on the island, this one too relies on donations from the mosques, from individuals in the community, and from fund-raising events. I was told that it was a constant struggle to manage this place with its meagre income. I would have thought that more effective management of this Home by means of new initiatives could have easily raised additional funds.

The Staff

This Home is supervised by the matron. The male manager works on a voluntary basis. The abled residents help with cooking, cleaning, and bringing up the younger children. A dumb and deaf young girl is responsible for two young orphan sisters. That is, she makes sure that they are fed properly, they are clean and tidy, they go to school in time, etc. This institution seems to run like a family household, with each member undertaking an allotted task and the more abled members helping the less abled ones, unlike the other establishments I visited. This healthy bonding among the residents appears to derive from the teachings of Islam. It is a socially useful approach, but it is doubtful if it is effective from the point of view of economic, good managerial, and efficient social work considerations.

Conclusions

Like most residential Homes, this one is also providing a socially useful service for the community. The question, however, needs to be asked is whether the service-users deserve better services. The other issue is whether current

services adequately meet the needs of the recipients in view of the upheavals brought about by social changes. No community, however cushioned, seems to be protected against the disruptive transformation through which the value-system of the Mauritians is going. Therefore, one needs to know if the current welfare provisions, whether provided by the State or voluntary sector, are adequate to the recipients. In view of support mainly provided for physical well-being in most, if not in all, residential institutions, the question to be asked is: "Can we go on ignoring the morale aspect of those experiencing one form of crisis or another?" In my view, social welfare has to adopt a holistic approach, thereby helping the whole person and not only a part of him or her. This question is also applicable to Home no.8. Like most similar institutions, the staff are untrained and the helping approach is casual and amateurish. In the end, it is the responsibility of the government, as the paymaster as well as the responsible authority for the whole society, to ensure high standards of care provisions in residential establishments, irrespective of whether the public or the voluntary sector is responsible for their management.

HOME NO.9

The History

This Home was founded in the 1960s on the Hindu philosophical ideals that one should retreat at certain phase of one's life from the material world so as to prepare for the next incarnation. Within this theoretical framework, this institution represents the base from where the next stage of one's life begins for the end of this material

world. However, as in most cases, rarely theory of the ideals hardly reflect in practice. Nevertheless, one should have no quarrel with theoretical ideals, as they are somehow meant for a good cause: the Home provides shelter for those who need it most at the most critical phase in their lives. This Home is non-denominational and secular and, therefore, is meant to be opened to all the members of the religious communities in Mauritius, seeking admission. When I visited it, there were no Muslim residents. I was told that because they have their own residential arrangements, as do the Chinese and the Franco-Mauritians.

Referrals

It is an all-male establishment. There are 35 residents and are a mixed group of Creoles and Hindus, but the latter were in the majority, thereby reflecting their largest numbers on the island. They are from different parts of the island and from the very poor to the lower middle classes. They included men, some of whom are relatively young, who are disabled and sick, the lonely and those unwanted by their families. In other words, they are people who cannot get support from their families, having become a burden, let alone support from their communities, which are becoming fractured and irresponsible. Some of them are referred by the Department of Social Security and others by hospital doctors. During the visit, I saw a pensioner, a relatively healthy man, a Hindu, arriving by public transport with an old suitcase, looking exhausted, depressed, and desperate. I never thought that one day I would experience such a

painful scene in Mauritius. The Mauritius I left over three decades ago possessed a good deal of informal support both in the family and in the community. I asked him: "Qui ou finne vinne faire ici [What are you doing here?]" He responded:

"Sociale sècurité finne envoye moi ici.
Mo finne vinne resse ici. Mo femme finne mort.
Banne zenfants pas oulè guètte moi. Zotte dire
zotte pas capave occupe moi. Qui mo pou faire?
Mo obligè vinne la". [I've been sent by the
Department of Social Security. I've come to live
here. My wife is dead. My children do not
want to look after me. They say they can't
take care of me. What can I do? I've to come
here].

The 84 years old man, another person, a Hindu, said that he was here for about two years between 1978-1980. Unhappy here, he left to live with his son. Following his son's divorce, which he was blamed for, he returned to this Home in 1992, where, he said, he intended to live until he died. His wife died a few years ago. He said he had children, but added:

"Mais zotte pas interesè. Sa le temp zenfants
guètte zotte grand dimoune finne fini sa.
Astèrela zenfants guètte zotte prope zaffaire.
Oui, zotte conne ou si zotte connait zotte ena
quique chose pou gagnè avec ou. Moi mo ti un

laboureur dans tablisement Beau Vallon.

Mo pas ena nenrien pou donne zotte. A cause sa zotte dire ou alle mort. Qui traca qui zotte prend avec ou". [But they are not interested in me. The time when children felt duty-bound to look after their parents has long gone. Nowadays children look after their own interests first. Yes, they would take care of you if they knew that they would gain something in the end. I was a labourer on the sugar estate of Beau Vallon. I've nothing to give them. Therefore, they showed no mercy whether I lived or died].

Fundings

The residents are both state-funded and self-funded. I understand from my conversation with the staff that resources, either financially or in kind, are not a major problem, as the founding members associated with this institution are politically influential people. The other advantage is, being in the prosperous part of the island, where some wealthy planters live, that donations, either in the form of money or in kind, are almost an on-going process. The Hindu ideals attached to this Home is further advantage in the sense that it is viewed or treated by many Hindus almost as a shrine, capable of answering many of their prayers. Therefore, contrary to the Hindu principles, donations are made in expectation of rewards either in this life or the next. However, the donations are in the interest of this institution.

The Staff

The staff consist of one director, one matron, one nurse, three servants, two part-time cooks, and one handyman. In fact, the three workers introduced as 'servants' are care assistants. With the exception of the matron and nurse, none has any training slightly relevant to caring for the sick, the disabled, the rejected, home-sick, and those who feel that they have been let down by their children. Like the other Homes I visited, this one too appears to be run on the basis of trial-and-error rather than on the basis of social work knowledge and competence. The residents, as a result, are being used as guinea-pigs, objects upon whom to practise their incompetence and, what is worse, for payment. Those workers I met and talked to are undoubtedly caring and devoted, but, in my view, caring and devoted attitudes in themselves are no substitutes to adequate training in residential care. Would the rich and powerful feel happy had their love ones been simply dumped in a place run by untrained staff, although devoted, who could not even cope with the physical needs of the residents, let alone their feelings? Understanding the feelings of people traumatized in their old age or disabilities by moving them to unfamiliar places and among strangers is important in the concept of caring. What is more surprising is that when the man, who said he was in charge of this institution, showed me, for some hitherto unknown reasons, his identity badge issued by the Police Department. He confessed: "Here nobody knows I

work for the Police". With the exception of this man and the handyman, all of them were female workers. It would have been more appropriate to have one or two males among those working directly with the residents.

The Dormitories

There are three dormitories. The one on the ground floor has 18 occupants, most of whom are in poor physical and deteriorating health conditions. One of them, a Creole of pensionable age, an amputee, is sitting in his wheelchair, squeezed between the two beds, searching for some spiritual comfort in the pages of the Bible lying open on the bed. The others are mostly lying on the bed, staring at the ceiling and, in the process, perhaps nostalgically reviewing the past, the old good days, or wondering what is in store for them in the future. The beds are lined up between the walls, leaving a passage in the middle. By the side of each bed there is a small locker, in which are the residents' worldly goods. This dormitory is clearly overcrowded, stuffy, and unhealthy for the eighteen occupants. In view of the uneven floor and lack of space generally, the wheelchair-bound person does not seem to have much room to move as freely as he must have wished for. This shows that this unadapted place is completely unsuitable for wheel-chair users. He should have never been placed there.

The two other dormitories are upstairs. They are occupied by slightly physically fitter residents. None the less, I saw a few of them having difficulty either to come down or to go up. To go up, they held on to the

balustrades, struggling almost breathlessly to pull themselves up. It was particularly painful to watch the resident, suffering from chronic asthma, trying to go up to his room. He took two steps at a time and then sat down to recover his breath. As he proceeded, I could see tears in his eyes. Human beings, whatever their backgrounds, need better treatment in their last days than this. No wonder that the residents spent most of their time in bed. The two other dormitories are, in my view, worse than the one downstairs, because of the climbing that the residents have to put up with. As to privacy, there was none in the dormitories. They have to dress and undress in full view of each other. The human dignity of the need to do certain things privately, i.e. changing ones' clothes, praying, thinking, and crying, seems to have been stripped away from the residents of most residential institutions in Mauritius. The recommendations made by the Titmuss Report, if even partially implemented, would have brought some relief to the residents of Home No. 9.

Activities

There is no programme of activities for the residents, just like the other Homes I saw. The emphasis in residential Homes on the island seems to be primarily ensuring adequate shelter and food for the residents. The focus is on physiological needs. Neither generating interest in life nor promoting self-worth in the residents appears to have a place in the programme of residential care in Mauritius. No Homes except the Convent I visited had a common room,

a place where the residents can relax quietly, have a game, receive a visitor, or simply reflect on the pages of past life. Reflecting nostalgically on the past is a balm for painful feelings among the elderly, especially those who feel that their life's work has resulted in no personal happiness in the end, as many of those in residential institutions might feel. This conclusion has been reached as a result of several interviews with many of the elderly and disabled respondents.

Having no organized recreational activities, most of the residents of Home No.9 spend their time in bed or on the bed, probably at times boring each other with the same topics of conversation. As recreational activities, the wheelchair-bound person spends most of his time reading the Bible. With limited wheelchair access, he probably has no choice. The ground in front of the Home is relatively small. When it does not rain, some residents says that they sit there, whiling away their time under the sun. Talking to one resident outside about his daily routine, he explains:

"Mo levè grand matin. Mo lave mo figure. Après sa
mo mange un ti quique chose. Mo range no lili.
Mo mette un ti peu en lorde. Après sa mo vinne
dans soleil dehor. Lère mangè, mo vinne mangè.
Après sa mo prend un ti repo. Mo boire mo di
thè. Si le temp bon, mo vinne dehor encore.
Asoir mo mangè. Après alle dormi. Routine

la alle coumsa meme. Quique fois mo pou faire meme routine jisqua mo mort". [I get up in the morning and have a wash. After breakfast, I make my bed and tidy up a few things. Then I come out to enjoy the the sun. At lunch time I go in. Afterwards I have a rest. After tea time, I come out again, if the weather is good. Having my dinner, I go to bed. This is how I pass my time. Probably this routine will continue until I die].

Conclusions

Like the other residential Homes, this one is also doing a socially useful service in providing shelter and food for those who have no means of support from the family or the community. We must, however, remind ourselves that human beings also have other needs, apart from shelter and food. So far many of these institutions do not appear to have been able to grasp the fact that the residents' other needs also have to be met, if one really cares about them. The staff need to be trained properly how to look after the old and the disabled traumatized by having to leave home. In spite of the useful functions of Home no.9, it, however, appears inappropriate for the residents without some radical readaptations. Providing the wheelchair-bound with reasonable access to move about as freely as possible and the disabled facilities to minimize their problems is an integral and indispensable part of residential social work. In my opinion, Home no.9 is unsuitable not only from accommodation point of view, but also from the consideration

of poor social work support. As the residents deserve better support, this Home should close down, unless there is radical all-round restructuring and improvement.

HOME NO.10

The History

Home No.10 is founded in the early 1960s and named after a famous Englishman, who dedicated his life's work to helping the severely injured and the severely disabled. The original objectives of this institution were to continue his work in Mauritius on the same principles, which, for some reasons, are not being pursued. This Home, however, is not unique in this case. Most, if not all, the residential establishments in Mauritius, started on clear aims and objectives and philosophies, but in the end, the great ideals tend to give way to convenience and expediency.

The Home

This residential Home consists of the main building and an annexe, situated on one of the most peaceful and beautiful spots on the island's seaside. There are a number of large trees and colourful plants and flowers in the well-maintained ground of this Home. The pleasant singing of the sea a few yards away adds a sort of magic touch of beauty to the environment. It is hoped that it is also therapeutic to the residents.

The Referrals

There are 26 places, 12 of which are occupied by men and 14 by women. Men and women occupied separate

buildings, a practice which probably is in keeping with the tradition of separating men from women in almost all the residential institutions on the island. The residents come from different ethnic and religious groups and socio-economic classes, but the overwhelming majority of them seem to be Catholic by faith and Creoles by ethnicity. Referrals usually come from the following sources: hospitals, Department of Social Security, the Church, etc. A wheelchair-bound Franco-Mauritian has been a resident in Home no.10 for no less than 21 years. He seems to have brought his life-style with him: he has his own separate and commodious room, which is well-equipped with television, radio, fan, wardrobe, desk, fridge, etc. Obviously the other residents cannot compete with him in terms of life-style. Their standards of life are much lower than his. In the society of politically professed equal opportunities of Mauritius, there should be no room for discriminatory treatment. The policy of equal opportunities should be strictly and impartially enforced or imposed.

The Residents

A few of the residents are wheelchair-bound. There are also a few victims of poliomyelitis. Some of them are physically severely handicapped, while others have minor physical disabilities. In this Home there are also some mentally handicapped residents, particularly among the women.

A small number of them, I believe, should not have been there at all. For example, I met a young ex-bus conductor,

who was referred to this Home following a stroke. To me this is an inappropriate referral. He should have been given regular physiotherapeutic sessions rather than being sent there on convalescence. His wife, an attractive young Indian woman, came to visit him. She brought some delicious home-made food, i.e. chappati and curry, for him. Upon asking her who had referred her husband in this Home and why, she said:

"L'hospital finne envoiye li ici. Mo pas capave occupe li la cage. Parce qui mo bizin alle travaille pou soigne mo zenfants".

[He was referred to this Home by the hospital.
I can't look after him at home because
I've to work in order to look after my children].

The ex-bus-conductor appears very unhappy and uncomfortable like fish out of water there. I think that it would have been cheaper and less painful for all concerned for the Department of Social Security to provide appropriate help for the wife so as to keep the family together. During the interview, he expresses his distress thus:

"Mo espèrè qui mo pou alle la cage bientôt.
Mo pas content ici. Mo chagrin mo zenfants".
[I hope to return home soon. I don't like it
here. I miss my children badly].

This man, as indicated above, needs regular physiotherapy, if he is going to recover and return to work. Being still

young, his chances for recovery are much greater. The likelihood of his health deteriorating further to the extent of remaining disabled and, as a consequence, becoming permanently dependent upon the State is much greater in Home No. 10 rather than returning home for regular therapeutic treatment as out-patient in the local hospital. There is no treatment here. He confesses that he spends most of the time in bed, thinking of home and crying. Like most Homes, there is a doctor's surgery once a week, but this relatively young man requires more than this. The restoration of his health is also important in order to prevent possible family breakdown, which is becoming a growing social problem on the island.

Fundings

The Home admits both state-funded and individually paid residents, like in most other residential establishments. Resources are a major problem. To raise the cash necessary to keep this institution going, fund-raising events are regularly organized. They comprise discoteques, fêtes, and other events. Home No.10, I have been informed, does not attract much donation. It may be because of the lack of publicity and also perhaps because it is situated in a remote area, where there are fewer well-to-do inhabitants. Perhaps more work has to be done in order to make the general public aware of its socially useful contribution in the arena of social welfare. For this task one needs training, self-confidence, and competence.

The Staff & Training

Only a handful of staff seem to be managing this establishment. The list that the acting manager provides me include a watchman/handyman, a cook, and a woman helper. Great reliance to manage this institution seem to be placed on the goodwill of volunteers and that of the more able residents. However, the place, including the dormitories, looks clean, tidy, and reasonably comfortable.

Regarding training, no members of the staff have any. Training seems to be an alien concept in the culture of residential Homes on the island. The dominant thinking is that caring for others is a natural process and, as a consequence, no training is required. Very few among those interviewed in the residential setting have really stressed on the primacy of training. In response to my question about training, I was told:

"Pas bizin training pou donne dimoune handicapè un ti peu mange et pou donne zotte un ti aide pou zotte vive. Sa vinne naturelle sa. Li pareille couma dire ou pe guètte un zenfant handicapè chez oumeme". [One does not need training to provide some food to the disabled and to help them generally to live. These come naturally. It is just like taking care of a handicapped child at home].

Philosophy

The residents are encouraged to be independent as much as

possible. This approach is believed by the management to be in their best interests. The way of life in this Home is dictated by the Catholic principles, although it gives the impression to be non-denominational and is opened to all the religious communities. Supporting this point, the acting manager states that there have been some changes in recent years, which have resulted in admission based on the criteria of needs rather than religious faith. In other words, Home No.10 is said to be, as indicated, non-denominational and secular. None the less, I have observed that the overwhelming majority of the residents are of Catholic faith and the life-style prevailed there is dominated by Catholicism, as evidenced by the on-going practice of prayers, music, songs, television programmes, diets, dress, and even conversation with strong Christian bias. The perception that everything Western is superior still seems to be a dominant factor there.

Activities

There seems to be no firm programme of activities, like the majority of Homes. The residents are occasionally taken out on outings but the wheelchair-bound and the physically severely disabled and the sick remained condemned in the stuffiness of overcrowded and hot uncomfortable rooms. The more severely disabled appear to receive less attention, instead of more attention, as they rightly deserve. This category of residents seem to experience similar problems in other residential institutions, as their special needs are not understood, especially about adapted transport facilities and

adaptations indoors so that they can have reasonably easy access to the more essential areas, i.e. bathroom and getting out of the building. At most time of the year Mauritius can become uncomfortably hot. Assessments from interviews and discussions suggest that the main leisure activity in most, if not all, of the residential Homes, is restricted to an outing to the seaside or, sometimes, to a place of interests. This is so perhaps because outings are the easiest form of activities to organize and execute, especially when the severely disabled are not included in them. One can safely conclude that this establishment has no comprehensive programme of leisure activities in its care package, which is an essential component in the caring concept. Many of the residents, as a consequence, are condemned to the unstimulating conditions of having to while away their time either reading the Bible or going over the same conversion, either lying in bed, recalling happy past memories, or brooding over the bitter circumstances leading to having to leave home, sweet home. If weather permitted, sitting in the sun outside or simply letting the mind go blank seems to be another preoccupation of many of the residents. I must make haste to add that Home no.10 is not an exception in providing literally nothing that can be called organized and therapeutic leisure activities, as already indicated. With hardly noticeable difference from one Home to another, all, if not most of them, appear to consider that leisure activities are not one of their priorities in their package of residential care. Maslow's concept of hierarchy of needs (Psychological Review, 1943:370-96), teaches us that human

beings also have other needs to be met apart from their 'physiological needs'. The focus on shelter and food clearly suggests a lack of understanding of what residential care is really about.

Conclusions

No doubt, Home no.10, managed by dedicated and caring staff and volunteers, is carrying out a socially useful function. This is widely reflected in the responses from many of the residents. One of them, a wheelchair-bound man, who has been a resident there for the past 28 years, expresses his satisfaction thus: "Pas ena un deuxième place coumsa [This Home is second to none]". Having not been exposed to a more progressive regime than this one, this reaction is inevitable. However, it is felt that this beautiful Home is being underused and some of its residents are inappropriately placed. Placing the young disabled and the old ones, the wheelchair-bound and the mentally ill, is psychologically unhelpful to the residents and not pertinent to developing specialism in residential care, which is essential in some cases. However, with untrained staff, the goal of establishing good and humane residential institutions is unachievable, let alone trying to eliminate stigma associated with them and maximizing scarce resources. A re-evaluation of the roles and functions of institutional care is urgently called for.

HOME NO.11

The History

Home No.11 was the only progressive establishment I had

the opportunity of visiting during fieldwork in Mauritius. It is a self-developed project initiated by five courageous and enterprising women, all of whom are victims of poliomyelitis. Unhappy by being moved from one residential institutions to another, they became fed up with the nomadic life-style. They decided to set up this group home with good support from their local Member of Assembly.

In the early 40s, an epidemic of poliomyelitis hit the island of Mauritius, with the consequence that hundreds of babies and young children succumbed to this dreadful disease. These five persons were among its victims. The Red Cross personnel were very much involved in trying to help children like them. They were still in their babyhood. They were picked up from their parents living in different corners of the island and placed in a recently set-up orthopaedic hospital and were used as guinea pigs in the experiments to find a remedy. One of them, with a sense of frustration, said:

"Pas un fois. Cinq fois mo finne passe dans
l'operation, mais mo finne reste pareille même."
[Not once, but five times I went through
operations. But I've still remained paralysed].

They were kept in this hospital for about three years and then placed in a residential institution. One of the residents stated the following as the grounds for sending them to a Catholic convent rather than returning them home to their parents:

"Banne nurse anglaises dire qui nous parents trop pauvres. Zotte pas pou capave soigne nous. Alor plito mètte nous dans couvent".
 [The English nurses said that our parents could not take care of us because of their poverty. Therefore, they handed us over to a convent].

In response to my question whether, if sent home, their parents would be able to look after them, I received some slightly different answers, but all pointed out towards an affirmative yes. Here are two responses:

"Mo papa ti un laboureur. Nous ti pauvre, mais mo pensè mo mama papa ti pou occupe moi".
 [My father was a labourer. We were therefore poor, but I think my parents would have taken care of me].

"Mo papa ti un pecheur. Nous famille ti pauvre. Mais asterla li difficile pou dire si zotte ti capave soigne moi. Mais, mo pensè, question moi zotte zenfant, zotte ti pou faire zotte mieux pou soigne moi". [My father was a fisherman. Therefore, my family were poor. Now it is difficult to say whether they could look after me. But, being my parents' child, I think they would have done their best to take care of me].

Driven from one Home to another, like nomads, they told me, that they were fed up. The only thing that kept them going was that they were kept together and, as a consequence, they were able to generate mutual moral support and reciprocal encouragement. They said that they had known no less than five residential institutions since the Red Cross removed them from the care of their biological parents. They were beginning, they added, to feel they could not cope with the upheaval of further changes. Therefore, in 1983, they met together and decided to break away from the chain of institutional life. It was the first major decision in their lives and they admitted that it was a traumatic and frightening moment. But, they said, "L'union faire la force. [Unity is strength]". One of them reminded me of this oft-repeated Mauritian saying. The fact that they were united together, I was told, enabled them to overcome the psychological and other hurdles. They said they could never forget the date of their big decisions. On 16th July 1983, they implemented their decisions and moved into a privately rented house, thereby breaking away for once and for all from an existence endured for more than half of their life-time 'imprisoned' in residential institutions. How did they feel after implementing their decision? The answer was unanimous and one of them expressed their feeling of euphoria thus:

"Nous senti nous finne gagne nous libération.

La fin nous l'esclavage." [We felt we had won

our freedom. It was the end of our slavery].

Fundings

The residents receive a monthly disability pension, the bulk of which goes into the common fund. From this fund all the outgoings, i.e. rent, electricity, food stuffs, and other essential items are met. The pension money, I was informed, was not enough to meet all the expenses, especially since they were wheelchair-bound, with relatively severe physical disabilities. One does not have to be a statistician to see that disabled people's expenditure is invariably greater than that of a non-disabled person. With so many potholes on the street and lack of access facilities generally, these wheelchair-bound residents, for instance, have to hire a taxi to carry out their essential transactions. To supplement their pension, the residents undertook sewing work, like dress-making. Two of the advantages benefited from their stay in institutions are that they attended school up to sixth standard, in addition to having the opportunity of developing some expertise in sewing, i.e. dressmaking, embroidery, etc. It is their education and sewing skills, they believe, that have enabled them to lead a life independent of the shackles and stigma of residential institutions. However, they explained that meeting both ends were a difficult task, as extra income from sewing was unreliable, since earning in this area is seasonal. Their clientele, for example, usually order a new dress only on special occasions, such as birthdays, New Year, for a wedding, etc. As a consequence, there are times when they have no other

source of income than their meagre disability pension. Since the Department of Social Security does not take this situation into consideration, they often face financial difficulties.

The residents of this place do not receive much donation. Occasionally the people in the area there bring some food for them. Sometimes they also receive some support from some policemen stationed at their local Police Station. They feel that they need greater support particularly from the Welfare Department. One cannot disagree with them.

Philosophy

Home No.11 is based on the ideals of an harmonious family, whose members are interdependent and are responsible for the welfare of one another. Altruism constitutes the core of the philosophy on which this progressive establishment operates. As a result, the members of this 'family' are not only ready to provide mutual support, but are also always prepared to help one another. The other commitment is that the more able members have a moral responsibility to help the least able ones. Equal contribution towards running this Home is not the condition upon which it is founded. What matters, I was informed, is a partnership in which each person contributes whatever she can. In a nutshell, the whole project is inspired by the ideals of freedom, liberation from institutional shackles, and a serious attempt to challenge the prevailing perception that physical disabilities mean continued reliance on others. Physical

disabilities in no way diminishes the dignity of being treated like a human being. One resident summarizes this point thus:

"Mo li pieds et mo la main qui handicapè.
 Mais mo capave pensè. Moi aussi mo ena
 l'envie couma les autes dimounes. Moi aussi
 mo lè libertè. Moi aussi mo un humain.
 Moi aussi mo oulè vive couma sa joizo la.
 Moi aussi mo oulè envolè. Moi aussi mo
 oulè mo libertè". [It is only my feet and
 my hands are paralysed. But I can think.
 I also have desires, like others. I also
 want my freedom. I also want to live like
 a bird. I also want to fly away. I am also
 eager to enjoy freedom].

Welfare Support

Apart from the pension, there is no support from the Welfare Department, as already indicated. Now and then, they receive some support from the police in their area. Occasionally, they are taken on outings by members of the Rotary Club. They complained bitterly about their difficulties to have orthopaedic shoes. They told me that they were issued with only one pair of shoes. When the seams of their shoes split, they said, they were repaired with patches upon patches to the extent that they hurt their feet. The partially deaf resident was refused hearing aids. There were also complaints about defective wheelchairs, which, they said, they could not get repaired or replaced.

They are clearly unhappy with the lack of interest in their welfare by the Welfare Department. One of them expressed their disappointment and frustration thus:

"Nous pe essaie debrouillè, mais parfois nous
decouragè. Pas gagne assez aide gouvernement.
Banne ministre la bizin pensè un jour zotte
aussi ou sa zotte zenfants si capave
handicapè couma nous. Zotte bien bizin pense sa".
[We're trying to cope, but sometimes we feel
discouraged. We don't get enough support from
the government. The ministers should bear in
mind that they too or their children can suffer
from disabilities like us. They must think about
this].

The Residents

They are of mixed ethnic and cultural origins. Three of them are from the Creole community, one Tamil, and one Hindu. One of them, who belongs to the first ethnic group, is severely disabled and bed-bound, but she is very articulate, politically aware, outspoken, and even militant. She is their president and spokesperson. In her they have no doubt got a dynamic leader. The others are relatively mobile and fairly capable of coping. They are all educated up to sixth standard, as already indicated. This attribute puts them in a stronger position vis-à-vis their contemporaries in terms of taking care of themselves against the great odds encountered by the disabled and the powerless in modern Mauritius of what Herbert Spencer referred as 'survival of

the fittest'.

Growing up in the institutions has turned all of them into Catholics. Placed in the melting-pot, they seem to have developed similar values. Thus they appear to have partially been stripped of their distinctive personalities. The Tamil and the Hindu residents bear Christian names. For this and for their socialization, they have no blame to bear. What they have, however, lost is their untold wealth of cultural heritage. The second most serious loss resulting from being institutionalized for them is that they have lost contact with their birth parents, immediate families, and their communities. Do they regret the loss of link particularly with blood relations? This was an emotionally difficult question to answer, I was told, having never been asked such a question until now. One of them tried to give an answer, which no doubt also reflects the views and feelings of the others:

"Sa un question bien bien difficile sa. Nous ti encore ti baba le temp banne nurse anglaise ti prend nous avec nous parents. Jamais personne pas finne mette nous en contact avec nous famille. Nous pas conne zotte. Mais tout le temp jiska nous mort nous pou ena un l'envie pou conne zotte. Bien sure nous bizin regrette qui jiska jordi nous pas conne nous famille". [This is a very difficult question. We were still babies when the English nurses took us from our parents. But nobody has tried to put us in touch with our family.

Therefore, we don't know them. But the desire to know them shall always remain until we die. Certainly we must have regrets for until today we've not succeeded in knowing our family].

Conclusions

As stated, this Home is one of the best, if not the best, I came across during fieldwork in Mauritius. With some modifications, it can become an excellent model to emulate during the re-organization of residential care on the island.

APPENDIX D

VIEWS, OPINIONS, AND COMMENTS BY FIVE WELFARE OFFICERS

(After obtaining the theoretical views of personnel from the top of the echelon of social welfare in Mauritius, it was felt that it also made good commonsense to interview a few welfare officers, the front-line practitioners, upon whom largely depends the quality of service-delivery. I interviewed five welfare officers selected as objectively as possible from five areas, covering the communities in the rural, semi-rural, and the city. Three male and two female 'social workers', the title that they most preferred, were interviewed. The focus of the interviews was on their backgrounds, their skills, their comments, and their perceptions of social welfare. To protect them from any adverse repercussions, their identity has been concealed. The taped interviews have been summarized below).

WELFARE OFFICER NO.1

Background

He is a 35 year old Hindu male, who has been a welfare officer for over sixteen years. He is very warm, friendly, and very frank in his responses to my questions. He speaks partly in French, partly in patois, and partly in English. Having successfully completed his Senior Cambridge Certificate exams, he followed an A-Level course. Before he became a welfare officer, he worked as a teacher in a number of private colleges, which was once the natural job progression among college leavers. After joining the social welfare department, he was sent on a nine-month course in social work at the University of Mauritius.

There is no doubt that he is a committed social worker, eager to help those who need it. Responding to my question about his early interests in social work, he says without hesitation: "From the womb of my mother I was involved in social work". He adds that the early influences motivating him towards doing social work were his parents'. His parents, who were politically aware and who provided leadership in the community, were very much concerned about social issues and were keen in dealing with them as effectively as they could. They were also staunch supporters of the Mauritius Labour Party, which was heavily influenced by the British Labour Party and committed itself to particularly sensitizing the proletariat to radical politics, apart from pioneering the liberation movement. He also believes that he was brought up on the ideals of doing social work as a means of purifying the soul for the next incarnation. Like his parents, he says, his life is guided by the concept of karma, the principle whereby the status of the next incarnation depends on the cumulative deeds of actions in previous lives as well as the present one. He feels that the goal for a more satisfying existence in future births can only be attained through helping people. Therefore, he says without hesitation: "Social work is a natural thing for me to do".

Areas of Concern

He is particularly concerned of the plight of the elders in the community. He sees them encountering various difficulties. He says: "Les vieux sont rejetés [The elderly

are being rejected]". He also has evidence that many of them are subjected to emotional and physical abuse from their children. Their jewelleries, he adds, are often stolen by immediate relatives and are cheated of their property, i.e. land and houses. He is often called upon, he says, to intervene in cases of elderly experiencing abuse and harassment from members of close relatives. He deals with this problem by means of a family conference. He believes that this approach has proved successful in getting justice done on behalf of the abused elderly. This is a community social work intervention, which is effective in developing countries. However, in view of the rapid social change, one wonders how effective it is going to be in the future.

The second problem encountered by the elderly is isolation. He puts it thus: "Epuis zotte pas capave déplacé. Zotte reste chez zotte même. [Then they are restricted in movement. They remain at home]. To help these people, he says, he organizes outings, for which the participants contribute a nominal sum of one rupee each. He recognizes that there are many physically and mentally handicapped Mauritians, who remain isolated indoors: "Zotte trop attaché dans la maison". However, he regrets that there is little he can do for them by way of helping them. There are inadequate resources, i.e. no appropriate and adapted transport, he quotes as one of the examples of shortage of welfare provisions. He feels guilty about his inability to help those who are most in need of support. However, he adds: "There's nothing I can do about it".

Areas of Dissatisfaction

He expresses concerns thus in patois:

"A Maurice ena un grand problème handicapé.
Zotte trop attaché dans la maison. Pas ena assez
banne social helpers. Nous bizin ena transport.
Transport essentielle. Ou capave amène zotte
promnè pou voir quelqun/quelqune pou aide zotte.
Nous faire cequi nous capave pou zotte".

[In Mauritius there is an enormous problem of
handicapped people. They are too isolated indoors.
There is inadequate support. We need transport,
which is essential. If there were transport
facilities, we could have taken them to see
a relative or friend. We try to do whatever we
can to assist them].

He is dissatisfied with his job-description. He would have liked to have wider jurisdiction. He feels restricted and he is particularly unhappy that his authority as welfare officer is not reinforced by legal power. As welfare officers are responsible for the assessment of needs of the people and service-delivery, in his view, they should have wider legal power of intervention, particularly in the cases of elderly abuse or child abuse. Although it is the duty of social security officers to refer destitute elderly to residential establishments, this welfare officer confesses that he occasionally breaks the procedural rules and refers such clients to residential institutions. He also regrets that only probation officers, who have power to intervene in

cases of child abuse. He believes, being based in the community, that he is best placed to also deal with child abuse referrals. However, he adds, he is hopeful that the powers of welfare officers would gradually increased, thereby raising their status equal to that of social security officers or probation officers. He hopes that this will eventually happens: "Mais sa va venir un jour".

Conflict between Committee Members & Welfare Officers

Welfare Centres are managed and run on the basis of community participation. The members of the Committee are appointed by the relevant Minister on the recommendation of the Social Welfare Commissioner. To my question whether the Committee members are a help or hindrance, this welfare officer is ruthlessly scathing in his criticism of them: "Frankly speaking, some members cannot write their names". He describes them as idiots and a little mouse here and a donkey there: "Banne idiots. Un ptit souri la. Un ptit bourique la". He may be correctly see the Committee members as political appointees not reflecting the views of the whole community. He also regards them as a serious factor of conflict with social work practitioners in the area of social welfare in Mauritius. He believes that the welfare officers cannot maximize their social work skills in the best interests of the community as a result of the political roles of Committee members and political interference.

Areas of Possible Improvement

"What changes are needed, in your view, so as to improve the quality of social welfare in Mauritius"? To this question,

the welfare officer says:

"Premier quigue chose bizin des facilités. Tous les pouvoirs. No political interference. Epuis avoir de motivation - le social workers, male, female, le junior. Il faut pas être a la grandeur. A Maurice c'est le point noir". [First, we need facilities (i.e. office equipments, transport, etc.). There should be a range of legal powers to intervene. There should be no political interference. The staff should be well-motivated for the job. There should be no attitude of superiority complex. Arrogance manifested by occupants of positions of responsibilities is the main weakness in Mauritius].

Job-Satisfaction

He finds it difficult to respond to my question on job-satisfaction. He enjoys social work, but he feels that a number of issues prevent him from having maximum job-satisfaction. First, he feels that his staff are unmotivated and inadequate cooperation from them discourages him from enjoying his job as a social worker: "C'est sa qui me decourage". He is also unhappy because the politicians 'put their nose' in his work. As a result, he says that he would like 'to move on'. However, he admits his great dilemma, which he puts thus: "I'm born a social worker". Therefore, he continues, he tries to make himself satisfied with his job: "Mais je suis satisfais".

WELFARE OFFICER NO.2Background

She is an attractive woman of twenty eight, coming from a lower-middle class background. She is one of those girls from the rural areas whose parents believe in equal opportunities in relation to education for both sons as well as daughters. She says that her parents were ambitious people and were eager to climb the social ladder as quickly as possible. Education has always been the proven means of ensuring of social mobility in Mauritius, as it is in the West. She has studied up to the Higher School Certificate, which is equivalent to three A-Levels. She has been responsible for three Social Welfare Centres for about two years. Prior to joining the Welfare Department, she was a clerical officer in the same Department. Having been selected for her new employment, she attended training in social work on a day-release basis at the University of Mauritius.

Discussing the nature of her training, she expresses deep dissatisfaction. At the University she says she could not make any useful contribution because of the poor quality of the training. She attended the same course with social security officers and probation officers. However, she added, because of inadequate social work knowledge and the poor quality of preliminary training, she felt very frustrated. "Most of the cases", she says, "came from probation officers. We had just to shut up and listen". She continues: "Community work came from social security officers". At times she found the course 'very boring and

unstimulating' even to the point of feeling disappointed for leaving her previous clerical job. She attributed this to the poor quality of the social work training, inadequate reading materials, and the teaching staff who could not inspire confidence.

Areas of Concern

Like the other welfare officer, she finds that social changes driven by industrialization have adversely affected mostly the elderly in the countryside. She puts it thus:

"Mainly elderly. You see they are pensioners. They don't have any other interests. They are left on their own. They don't have much attention during the day. There is a factory here. Their daughters-in-law work in it. Every month there is a committee. But all of them don't come. They say they have to watch the babies. They have to watch the house".

She says she feels very frustrated at her inability to help the elderly living in her patch satisfactorily. She expresses dissatisfaction at her job and feels discouraged, although, on the other hand, she believes that services can be improved and made effective. But she often wonders, she confesses, whether she is doing social work. Prior to becoming a welfare officer, she was very optimistic and strongly believed that she could make a socially useful contribution. Her inspiration was primarily derived from reading:

"When we first applied for the job, we had a lot of visions. We thought of it in a different way. Because we have read books. We have read about children and about women".

Rooms for Improvement

Feeling ineffective as a welfare officer, she is anxious to have some good training, but she can't see this forthcoming. Regarding facilities for the elderly, she says that another floor can be built on top of the building of the Social Welfare Centre. This extra space, she adds, can be turned into a day centre for the elderly. She continues: "Somebody can cook for them. Help them to go to toilet. Recently there has been a case where a lonely old woman was attacked. They took all her things because she was alone". To facilitate her programme for the elderly, thereby releasing them from being 'watchers of babies' and 'guard dogs for the house', she will set up a nursery. However, she feels that her helping programme for the elderly cannot be implemented without the essential back-up of transport and other relevant facilities, let alone approval from the Welfare Department.

Currently it is the service-users who come to the Social Welfare Centres for services. This welfare officer finds this practice archaic and against the interests of the clients, as only the more aware, more articulate, and more able members of the community take advantage of the service provisions. To make the services accessible to the

less articulate and less aware members of the community as well, she believes, community workers should visit the clients in the community and in their homes so as to find out how their welfare can be improved. She finds the current practice ineffective, in addition to a waste of scarce resources, as "... very, very few people come here for advice and support". She is confident that those who need help most don't get it simply because of the inappropriate current practice.

In an obvious tone of dissatisfaction and frustration, she says: "We're called social workers. We're not doing social work actually here. We're doing clerical work. Actually, I'm now writing a report. They want it by tomorrow".

Conflict between Committee Members & Workers

This welfare officer also seems to be openly contemptuous of the members of the Committee. According to her, they are political appointees and have nothing to contribute in terms of developing and improving services. To justify her statement, she says: "They are supposed to interfere, but they have to rely on our own help. We put ideas in the Committee. They've to approve them". Like welfare officer no. 1, she describes the Committee members as an hindrance rather than a help, in view of their ignorance of the roles and functions of social workers.

To my question whether at times the Committee members make her job easier or more difficult, she answers: "Yes. They usually bring silly things. For example, they say we must

put the T.V. on even if there are no viewers".

She feels that Social Welfare Centres are too dominated by politics and political interferences. On the other hand, she sees some advantage in the political influences for the community. She gives an example of a spot-light volley-ball pitch being built just before the election as a means of drawing political support by the ruling party. She also sees the politicization of the Centres as a serious obstruction to generating social service ideas and developing a sense of professionalism.

Future of Social Welfare

However, this young welfare officer is optimistic of the expansion of social welfare on the island. In view of the drastic social changes and the mounting social problems, she cannot see other than greater investment and extension of services. She says: "I think it [social welfare] will take a lot of time to reach the stage of the European countries. But it is on the move".

This is another indication that the goal is to meekly emulate the Western model of social welfare. No thought seems to be given to whether it is relevant for a developing country with different needs like Mauritius.

This committed and ambitious welfare officer appears to be trying to develop her social work ethics from the philosophy expressed in this statement, which is prominently displayed on the wall of her office:

"I expect to pass through this world but once.
Any good therefore I can do or any kindness
I can show to any fellow creature, let me do
it now. Let me not deter or neglect it for I
shall not pass this again".

WELFARE OFFICER NO.3

Background

He is 46 years old. His parents were of lower-middle class, who made many sacrifices to give him a reasonably good education, the engine for social mobility in Mauritius. He says his parents spent a lot of money on his education, particularly on private tuition, which has become a lucrative industry and it is one of the many weaknesses of the educational system on the island. In spite of the political rhetoric, no one seems to be able to stop the rot of this model of education inherited from colonialism. However, he feels that he was well rewarded: he did not only get through his Senior Cambridge Certificate exams, but he was also successful in five subjects at O-Levels. He subsequently became a clerk in the government department, which is very much sought after because of job-security, the good salary, and the high status attached to it. In 1976, he successfully applied to become a welfare officer, with full responsibility to manage a Social Welfare Centre. He also attended a day-release course in social work at the University of Mauritius. He found the course quite a struggle to go through in view of having the responsibility of a family with young children, in addition to having lost

the discipline to study. However, he attributes his successes in his job to his education and also "... I've got a lot of experience in social matters". By this he means life's experience and involvement in social issues in the community.

Responsibilities

This welfare officer is a warm and friendly man with 16 years of experience in the field of social welfare. There are several personnel under his supervision. They include a welfare officer, a welfare assistant, a home economics teacher, T.V. operator, and so on. He is currently very busy organizing activities for Republic Day. He complains of lack of support from his staff. However, he says he does not blame them for their inadequacies and lack of motivation to make the Centre more effective. He puts the blame on the Social Welfare Department for not providing them with sufficient training, knowledge about social work, and incentives to work harder. He attributes the increasingly heavy burden of his responsibilities to his untrained staff, who, in his view, cannot discharge duties delegated to them. He would not accept my comment that the fault could lie with him for having not given them a chance to learn to take and discharge responsibilities allocated to them. As he does not trust his staff with certain responsibilities, he finds himself having to spend long hours in the Centre, coping with most of the tasks.

Areas of Concern

In response to my question relating to the nature of presenting problems, he says that his catchment is relatively different from other areas. However, like the other welfare officers, he sees the elderly experiencing great difficulties since Mauritius is becoming increasingly industrialized. He also adds that the disabled are another category who have been making increasing demands on the services of his Centre. He feels that both groups are being taken advantage of by the younger members of their families by imposing child-minding responsibilities and the household chores on them, tasks, in his judgement, they cannot discharge competently because of their age and disabilities. He is concerned that industrialization on the island has "... liberated the younger members of society, but has enslaved those who need to be liberated because they've worked the hardest in their time". He also expresses concern about the children of the industrial revolution on the island. He feels that they have been too inadequately socialized to become useful Mauritian citizens of tomorrow. He puts the low take-up of services by the elderly and the disabled to the unfair responsibilities thrust on them by sons and daughters-in-law, sons-in-law and daughters. As a result, he believes, they are isolated. He also says that he has evidence of emotional and physical abuse of many elders in his patch. He is also aware of cases where they have been cheated of their land and robbed of their jewelleries and savings.

He gives me another type of referral that frequently comes to the attention of his Centre thus:

"For example, this morning a chap came to see me. He has attained 60 years. He was receiving a Disabled Pension. As soon as he attained 60, his pension has been cut. Old Age Pension has taken over. He does not know I'm not the right person to give him explanation. I've taken the case. I called a friend of mine who is responsible for social security and explained to him the problem of the chap. The information I gathered from the officer is when once you attain 60, although you've the Disabled Pension for 15 or 13 years, it is cut. That is the procedure. Then you've to reapply for the Disabled Pension. You've to be reassessed. You've to pass the Medical Board. If the Board sees that the chap is 60% unfit, then it recommends him for Disabled Pension".

He believes that he himself could have dealt with this client without seeking advice from the social security officer. He regards the narrow jurisdiction of his authority as a major 'problem' to providing effective services to service-users at the Centre. He explains the limitations and the functions of his job thus:

"As a welfare officer, we have to refer them to the appropriate agencies. Our job is to

develop the Social Welfare Centre in the field of social activities, in the field of welfare, in the fields of education and child development as well".

Relationship with Committee Members

"Do you have difficulties to work with Committee members, who are political appointees?" (After putting this question, the chairman of the Committee arrives and decides to listen to the interview). The welfare officer, looking very anxious, gives this response:

"No. We the welfare officers have to work in good relation. We don't have conflict here. We have to work with the Committee. Otherwise social services will collapse. We have members from different ethnic groups. We have labourers also from the Sugar Industry Labour Welfare Fund".

Responding to my question on resources, he says he has no complaint. He quotes an enormous figure of 15 billion rupees earmarked by the government for the welfare sector for five years and 5 million rupees to be channelled annually into the welfare system towards more man-power, equipments, and improving facilities for service-users.

Future of Social Welfare

He seems to be optimistic of Mauritius developing as a fully fledged Welfare State in the near future:

"Social services in Mauritius have reached full fledge. We've a good foundation. There're high possibilities".

Comments after Departure of Chairman

(The Chairman shakes hand with me and leaves. He has hardly left the office, when the welfare officer confesses):

"The members of the Committee have a lot of power. They can make you lose your job for nothing. They're stupid people, but they've a lot of power. You know, they're like spies, like in Russia. They're the friends of Ministers and politicians".

Contrary to what he said in the presence of the Chairman, he says that he is short of essential resources. He would have sent his workers to help the clients in the community, he adds, if they had adequate social work skills. He also feels that a proper referral form is needed, in addition to a filing system. He believes that he has a large range of good ideas about how to make the Centre more effective in the best interest of the clients, but inadequate resources and untrained staff frustrate him and prevent him from implementing new initiatives. But he regards political interferences as the biggest and main obstruction to developing better welfare facilities.

Likes and Dislikes for the Job

He enjoys being a welfare officer. He derives great satisfaction from the job, which gives him a sense of power and authority. However, he strongly believes that one cannot do social work unless one is dedicated to helping people. He finds planning and developing activities for the Centre exciting. He also talks about his involvement in planning for the Republic Day. "How satisfied are you with the activities entailed in your job?" In response, he says: "I'm satisfied for myself. I know that I am doing something. I believe I'm making a good contribution. I'm satisfied on the whole".

Sometimes, he adds, he dislikes his job as a welfare officer. He does not like the large amount of unsocial hours he has to put in. He says he often works from 9 a.m. till 7 p.m. He regrets that he cannot participate in family life as much as he would have liked to. He complains that his job demands 'too much sacrifices'. However, he emphasizes, he is not prepared to exchange his job for even 'all the sugar' in Mauritius. He assures me that he finds great satisfaction in making sacrifices so as to enhance the welfare of the less fortunate members of the community.

WELFARE OFFICER NO.4Background

He is a forty year old man brought up in the city of Port Louis. Of all the welfare officers interviewed, he is probably the most educationally qualified, better motivated for the job, and more able generally. He speaks English

fluently and seems to have some good ideas regarding the improvement of social services in Mauritius. He held a Higher School Certificate before becoming a welfare officer in 1976. Ambitious and impatient with lack of occupational mobility, he, later on, went to India on unpaid leave to study for a degree. He took a degree in Commerce, but this was not his first preference:

"But in fact I went to India to get a degree in Sociology. Unfortunately the college which ran the course had stopped the course. There was no Sociology. There were courses outside the University campus. When I could not get the course in Delhi, I was not willing to move to Bombay or Calcutta. Then I opted for BA Commerce".

Talking about education, he says that he deplores the negative attitudes against Indian degrees in Mauritius. He sees no difference between a degree taken in India and a degree taken in the West. He attributes the anti-Indian education to brain-washing resulting from colonialism and the neo-colonialism imposed by euro-centric Mauritian elites and members of the privileged social class. He regards the lack of opportunities for career development to prejudices against Indian degrees. This welfare officer is a very angry and a frustrated man, as all his efforts and sacrifices for occupational mobility have born no desirable results. Therefore, his motivation towards his job is naturally low. There is no incentive for him to use more than a small

proportion of his skills and efforts towards his employment.

The Community

This Social Welfare Centre is situated in an area with a high proportion of Creoles, who are Catholics, unskilled and semi-skilled workers, and comparatively poor. His estimate of Hindu population in this area is only about 10%. This area looks overcrowded; the houses appear dilapidated; and the general appearance is one of poverty and neglect.

Nature of Service Provisions

The catchment of this Centre is described by the welfare officer as a deprived area. He adds that the services provided are 'mainly of a recreational nature'. However, they appear to be more than this. In response to my question, he describes some of his programme of activities thus:

"We have between 130 and 135 members. We talk with them about their health problems. We inform social security officers of their needs. Recently we had a doctor from India talking about Yajur-Vedic [medicine]. He prescribed some medicine for them. Yearly we organize tours. We go to the seaside or to visit the industry".

He says that the Centre also runs a health service for babies and young children. However, he is not involved in it. This service is provided and managed by personnel from

the Ministry of Health. His other responsibilities, he says, include the distribution of milk powder to mothers with babies, organizing the Mothers' Club, and getting involved in the monthly meeting for Senior Citizens.

Job-Satisfaction

In response to my inquiry whether his functions go beyond handing over milk powder and organizing meetings, he says:

"Yes and no. That's it. When we follow the course, we have all these cases, but we don't do any casework. It is not in our duty".

Casework, he says, falls within the job-description of social security officers and probation officers. He is not happy with this arrangement, but he has no option. There are no prospects for other jobs in the labour market, he adds. In spite of the dissatisfaction, he seems to derive some enjoyment in his job as welfare officer. He puts it thus:

"Frankly speaking, in some ways, I'm happy with the job. First, because of the contact I've established with the people and the services we're able to provide for them. That's of some satisfaction".

The things that make him feel dissatisfied are:

"I feel restrained. There are no resources. Then you hear from the Head Office:

'Why are you not motivated? Why don't you do this and that?'

Relationship with Committee Members

The majority of the welfare officers I have interviewed express dissatisfaction with the roles of Committee members and their involvement in the workings of Social Welfare Centres. This welfare officer is not an exception. In response to my question regarding his relationship with the Committee members, he says:

"Formerly welfare officers were in the Committee. Presently they [Committee members] are selected on a controlled basis, which defeats our purpose. First, they are not social workers. Second, they are politically placed. They don't attend the Committee. They do not give their time for social activities that we organize. So all the burdens fall on our head".

He also complains that the Social Welfare Commissioner considers the Committee members as more important than welfare officers. He is also unhappy that they wield considerable influences at the Head Office. He says: "When the members come to the Head Office and tell such and such things, their words are taken as gospel truth". He feels discouraged and undermined as a result of the dominant roles played by the Committee members. However, he believes that there is nothing he can do to improve his working conditions, as the activities of the Centre have become 'too

politicized'.

Areas Requiring Reforms

Replying to my question 'What changes would you make if you became the Social Welfare Commissioner?', this welfare officer stresses a lot on the quality and experience of the personnel of Social Welfare Centres. He will replace the Centres with well qualified people, who are also well motivated for the job. He feels that at the moment there is no incentive or encouragement for the workers to take initiatives, make decisions, and implement them. He will create what he calls 'proper incentives' so as to attract and keep suitable and competent staff. He agrees with his colleagues already interviewed that 'We are not doing social work here. We are doing clerical work'. As Head of Social Welfare Department, he will change all these and the activities of welfare officers will focus primarily on 'real social work'. He will also abolish the roles of the Committee members. He will encourage welfare officers to develop a sense of professionalism initiated by the recruitment of dynamic welfare personnel, that is, those considering social work as a vocation, well educated people, effective programme of training, plenty of facilities for development of social work knowledge, and opportunities for job-progression on the basis of merits.

WELFARE OFFICERS NO.5

Background

She is a pleasant and enthusiastic woman of forty two. She came from a working class background. She is not as well

educated as the other welfare officers I interviewed, but this deficit is more than made up by her enthusiasm in the job and eagerness to improve her social work skills. The interview was conducted in patois. She has been working as a welfare officer for the past eighteen years. She tries to justify her lack of job-progression to inadequate educational qualifications. She says she went to college up to Form V, but could not continue, contrary to her ambition, until she completed the Senior Cambridge Certificate exams. Secondary education was fee-paying in her time. Her father, the sole bread-winner in the household, was unemployed. Therefore, her parents had to choose between financing her education and keeping the family alive. Her parents, being pragmatic people, they reluctantly decided to discontinue her education. She puts it in a nutshell as follows in a regretting tone:

"Mo papa fine arête travaille. Pas ena moyens.
Mo fine bizin arête l'ecole". [My father became
unemployed. There was no means of financing my
education. I had to stop going to college].

Training

Discussing training, she says she attended a six-month part-time course in social work at the University of Mauritius. She feels that she has acquired adequate skills to carry out her job competently, contrary to what other welfare officers have stated. She seems particularly impressed with the quality of training she received in Home Economics, in which she has developed some specialism. Summarizing the number of

courses she has been on, she says: "Nous fine gagne boucoup training [We have received a lot of training]". However, she feels that there is inadequate social work training relevant to the current mounting social problems. The complaint also includes the shortage of good books on social work.

Nature of Presenting Problems

The Centre is situated near a Cité. A Cité is equivalent to a large Council estate in the inner-city of London, with a multiplicity of mounting social problems. The Cité falls within her patch. She says it is mainly inhabited by 'Chrétiens' [she means Creoles]. Although she is another Hindu welfare officer, she is, like a true professional worker, very sympathetic towards them. She believes that they are more deprived in terms of material and cultural possessions than the other ethnic groups. She attributes their material and cultural deprivation to government neglect. She says she has evidence that the Cité has many social problems:

"Dans Cité ena boucoup problème sociale. Ena pas travaille. Ena problème malade. Pli boucoup problème problème la santé". [In the Cité there are many social problems. Some of the people are unemployed. Others are sick. But the major problems are poor health].

Nature of Support

To the question of how she provides services to those in need of them, she answers as follows:

"Nous ena un l'association pou banne vieux. Nous enregistrè zotte. Zotte paie un ptit l'entrè. Nous ena 110 membres. Un fois par mois zotte vini. Nous cause ar zotte un ptit peu. Zotte paie zotte contribution. Li deux roupies. Zotte vinne pou une heure temp. Mo fine fini classe un jour. Quand zotte fini prend zotte pension, zotte vine directe ici. Nous servi zotte un tache du thè. Donne zotte un deux biscuits. Si zotte ena problème, zotte racontè. Apres capave un problème dans famille. Li gagne un ptit problème avec so bonhomme. Si nous trouvè ena quique chose nous capave dire li, nous dire li". [We have an association for the elderly. We register them on payment of a small fee. There are 110 members. They come once a month. We talk to them. They pay their two rupees' monthly contribution. They spend about an hour on the allocated day. They come here directly after collecting their pension. We offer them a cup of tea and a couple of biscuits. If they have any problems, they tell us. Sometimes they may have a minor argument with their husband. If we can counsel them on the problem, we do so].

This welfare officer has also come across many cases of child abuse. However, she says it is not within her job-

description to deal with them. She either refers them to the police or the specialist workers based at the Ministry of Social Welfare. However, she would have liked her area of work to be extended and be given more training to cope with the new range of social problems. Like her colleagues interviewed before, she feels that she is best placed to deal with many social problems.

In response to my inquiry as to what the pensioners do for the rest of the month, she says: "Zotte veille ptit zenfants. Zotte gardien la cage". [They act as childminders and they watch the house]. She believes that the elderly are exploited by the younger members of the families. She also mentions a number of cases where they experience physical and emotional abuse. She stresses that she would like to extend social services to the young, disabled, and other groups in the community, but limited resources prevent her from doing so: "Si nous ti ena plis l'argent, nous ti capave faire encore. [If we had a larger budget, we could have extended the services]".

Relationship with Committee Members

She is apolitical, unlike the other welfare officers I interviewed. Being without political consciousness, she, unlike her colleagues, tends to have minimum difficulty in her working relationship with the Committee members:

"Nous ici nous pas gagne trop problème . Quand nous faire un travaille, zotte vine done zotte l'idè". [Here we don't have too much conflict.

When we undertake a project, they [Committee members] make a contribution].

She believes that some welfare officers cannot work in partnership with Committee members because: "Zotte pas travaille da pres programme ministère. Mais nous nous travaille couma ministère oulè nous travaille". [They don't work according to the policies of the Ministry concerned. But we, on the other hand, carry out our responsibilities as required by the Ministry]. This suggests that she can adapt herself to a particular situation, but she also appears to possess some negative attitudes demonstrating a lack of self-confidence, which is invariably contributed by inadequate education and also perhaps by a fear of losing one's job. Both of these factors could prevent her from developing the qualities required to be an effective social worker. A major part of the functions of a social worker is to provide effective leadership and hope to many of those who come to seek advice and help from people like her.

Areas Requiring Improvement

She bursts out laughing in response to my question 'What improvements will you make in social services if you are promoted to the position of Social Welfare Commissioner?' She immediately adds: "Mo croire pas pou ena sa. Pas pou gagne promotion". [I cannot see myself getting promotion. This won't happen]. Looking embarrassed, she, however, says that the Cité is infested with social problems. But she appears more concerned with some of the residents experiencing 'morale fatiguè' [mental illness]. Her

diagnosis is lack of 'distraction' [stimulating activities], which she will provide, if she succeeds to a position of power. She says she will develop a more comprehensive welfare programme. One of the main principles of her programme, she emphasizes, will include the workers seeing the service-users in the community, contrary to current practice, which requires the person in need of help to come to the Centre. She says she will break away from this tradition.

Job-Satisfaction

Although she has no hope for job-progression and has resigned herself to ending up her career simply as a welfare officer, this lively and pleasant woman seems to derive great satisfaction in what she is doing. She strongly believes that she is making a socially useful contribution to the Mauritian society. She speaks with great enthusiasm and conviction about her job. She, however, seems to have particularly strong feeling and compassion for the stigmatized young girls, who have been thrown out from the education system because they have failed to pass the sixth standard. She teaches them home economics, which seems to focus on preparing these girls for marriage and for the roles of mothers and house-wives. She is also concerned about the elders in the community. She feels that they are having a bad deal not only from their families, but also from the government: "Sa banne vieux dimoune la, zotte famille pè rejette zotte. Avec gouvernement ma si, zotte pas pè gagne assez aide". [The elders are being rejected by their families. They are also getting inadequate support from the government].

BIBLIOGRAPHY

- Addison, John, and Hazareesingh, K. A New History of Mauritius (Macmillan Publishers, England, 1984). Agar, Michael H. Speaking of Ethnography, (Sage Publications, London, 1986). Anderson, Daniel E. The Epidemics of Mauritius, (H.K. Lewis and Company Ltd., London, 1918).
- Aiken, Michael, Ferman, Louis A., and Sheppard, Harold L. Economic Failure, Alienation, and Extremism, (The University of Michigan Press, U.S.A., 1968). Bailey, Roy, and Brake, Mike. Radical Social Work, (Edward Arnold Ltd., 1975). Barnwell, J.P. Visits and Despatches, Mauritius: 1598-1948, (The Standard Printing Establishment, Mauritius, 1948). Becker, Howard. 'Whose Side Are We On?', in The Relevance of Sociology, edited by Jack Douglas, (Appleton-Century-Croft, New York, 1970).
- Benedict, Burton. The Problems of a Plural Society (Pall Mall Press, London, 1965).
- Beresford, Peter, and Croft, Suzy. Whose Welfare: Private Care or Public Services?, (The Lewis Cohen Urban Studies at Brighton Polytechnic, East Sussex, 1986).
- Berghe, Pierre L. 'Social Science in Africa: Epistemological Problems', in Survey Research in Africa: Its Applications and Limits, edited by William M. O'Barr, David H. Spain, and Mark A. Tessler, (Northwestern University Press, U.S.A., 1973).
- Biestek, Felix P. Client Self-Determination, edited by F.E. McDermott, in Self-Determination in Social Work, Routledge & Kegan Paul, London, 1975).
- Bottomore, T. B., and Rubel, Maximillien. Marx: Selected Writings in Sociology and Social Philosophy, (Harmondsworth

Penguin Books Ltd., 1975).

Bulmer, Martin, and Warwick, Donald, (eds.). Social Research in Developing Countries: Surveys and Censuses in the Third World, (John Wiley, Chichester, 1983).

Bulmer, Martin. Social Research and Development Policies in Sociological Perspectives, edited by Anthony Hall and James Midgley, (Manchester University Press, Manchester, 1988).

Coser, Lewis A. Masters of Sociological Thought, (Harcourt Brace Jovanovich, U.S.A., 1971).

Dench, Geoff. The Frog, The Prince & The Problems of men (Neanderthal Books, London, 1994).

Dinan, Monique. Une Ile Eclatée, (Best Graphics Ltd., Mauritius, 1985).

Everitt, Angela, et al. Applied Research for Better Practice, (Macmillan Publishers, England, 1992).

Fanon, Frantz. The Wretched of the Earth, (Harmondsworth, Penguin Books, 1967).

Fanon, Frantz. Black Skin, White Masks, (Pluto Press, London, 1986). Fisher, Mike. (ed.) Speaking of Clients, (University of Sheffield, Sheffield, 1983).

Field, Frank, Making Welfare Work: Reconstructing Welfare for the Millenium, (Institute of Community Studies, 1995).

Fraser, Derek. The Evolution of the British Welfare State, (The Macmillan Press Ltd., England, 1973).

Freire, Paulo. Pedagogy of the Oppressed, (Penguin Books Ltd., Harmondsworth, England, 1972).

Gayan, N.R., (ed.). An Act to Serve: Sir Veerasamy Ringadoo - Debates Speeches (Mauritius, Mahatma Gandhi Institute, Mauritius, 1990).

George, Vic, and Wilding, Paul. Ideology and Social Welfare,

Routledge & Kegan Paul, London, 1976).

Goffman, Irving. Notes on Management of Spoiled Identity, (Penguin Books Ltd., Harmondsworth, England, 1968).

Goodwin, Barbara. Using Political Ideas, John Wiley and Sons, Chichester, 1982).

Hardiman, Margaret, and Midgley, James. The Social Dimensions of Development, (John Wiley And Sons Ltd., Chichester, 1984).

Harrison, Paul. Inside the Third World, (Penguin Books Ltd., Harmondsworth, England, 1988).

Hazareesingh, K. History of Indians in Mauritius, (Macmillan Publishers, England, 1977).

Horowitz, Irving Louis. The Rise and Fall of Project Camelot, (M.I.T. Press, U.S.A., 1967).

Jones, Howard. Social Work in Third World Development, Macmillan Publishers, England, 1990).

Jumeer, Muslim. Towards a New Conceptual Framework for Slavery in Ile de France, in Slavery in South West Indian Ocean, edited by U. Bissoondoyal and S.B.C.

Servansing, (Mahatma Gandhi Institute, Mauritius, 1989).

Jurgensen, Danny L. Participant Observation: A Methodology for Human Studies, (Sage Publications, England, 1989).

Kempe, Ruth S. and Kempe, C. Henry. Child Abuse, (Fontana/Open Books Ltd., London, 1978).

King, Desmond S. The New Right: Politics, Markets and Citizenship, Macmillan Publishers, England, 1987).

Lingayah, Sam. Mauritian Immigrants in Britain: A Study of their Hopes and Frustrations, (Mauritians' Welfare Association, London, 1987).

Lingayah, Sam. A Comparative Study of Mauritian Immigrants

- in Two European Cities: London and Paris, (MWA & EOI, London and Mauritius, 1991).
- Livingstone, Arthur. Social Policy in Developing Countries, Routledge & Kegan Paul, London, 1969).
- Lukacs, Georg. History and Class Consciousness, translated by Rodney Livingstone, Merlin Press, London, 1971).
- MacPherson, Stewart, and Midgley, James. Comparative Social Policy and the Third World, (Wheatsheaf Books, England, 1987).
- Mannick, A.R. The Politics of Change, (Dodo Books, England, 1989).
- Mannick, A.R. The Development of a Plural Society, Spokesman, England, 1979).
- Marshall, T.H. Social Policy, (Hutchinson & Co. Ltd., London, 1975).
- Mayer, John E., and Timms, Noel. The Client Speaks, Routledge & Kegan Paul, London, 1970).
- Meier, R.L. Modern Science and the Human Fertility Problems, (New York, 1959).
- Midgley, James. Professional Imperialism: Social Work in the Third World, (Heinemann Educational Books Ltd., London 1983).
- Mills, C. Wright. The Sociological Imagination, (Penguin Books Ltd., Harmondsworth, England, 1970).
- Mulloo, Anand. Our Struggle: 20th Century Mauritius, Vision Books, 1982).
- Nagapen, Amédée. L'Eglise à Maurice - 1810-1841, Imprimerie de Père Laval, 1984).
- Naipaul, V.S. The Overcrowded Barracoon, (André Deutsch Ltd., London, 1972).

- Noel, Karl. L'Esclavage à L'Isle de France, (Editions Two Cities Etc., Paris, 1991).
- Nwulia, M.D.E. The History of Slavery in Mauritius and the Seychelles, 1810-1875, (Associated University Press, London, 1981).
- O'Barr, M., Spain, David H., and Tessler, Mark A. Survey Research in Africa: Its Applications and Limits, Northwestern University Press, U.S.A., 1973).
- Oodiah, Malenn D. (ed.). 82-92: Les Années Décisives, Précigraph Ltd., Pailles, Maurice, 1992).
- Park, Robert Ezra, in John Madge, The Origins of Scientific Sociology, (Tavistock Publications, London, 1970).
- Peerthum, S. Resistance against Slavery, in Slavery in South West Indian Ocean, edited by U. Bissoondoyal and S.B.C. Servansing, Mahatma Gandhi Institute, Mauritius, 1989).
- Pinker, Robert. Social Theory & Social Policy, Heinemann Educational Books, London, 1971).
- Rayner, Eric. Human Development: An Introduction to the Psycho-dynamics of Growth, Maturity and Ageing, George Allen and Unwin, London, 1978).
- Selvon, Sydney, Asgarally, Issa, and Unnuth, Abhimanyu. Mauritius: Its People, Its Cultures, (Printed by MSM, Mauritius, 1988).
- Simmons, Adele. Modern Mauritius: The Politics of Decolonization, (Indiana University Press, U.S.A., 1982).
- Solomon, Barbara Bryant. Black Empowerment: Social Work in Oppressed Communities, (Columbia University Press, New York, 1976).
- Statham, Daphne. Radicals in Social Work, (Routledge & Kegan Paul, London, 1978).

- Sweeney, Paul M. The Theory of Capitalist Development, (Modern Reader Paperbacks, New York and London, 1970).
- Timms, Noel. The Receiving End, Routledge & Kegan Paul, London, 1973).
- Titmuss, Richard M. Essays on the Welfare State, George, Allen & Unwin Ltd., London, 1976).
- Toussaint, Auguste. Deux Siècles d'Histoire (1735-1935), Imprimée par la Typographie Moderne, Mauritius, 1935).
- Toussaint, Auguste. L'Administration Française de L'Ile Maurice et ses Archives (1721-1810), Imprimerie Commerciale, 1965).
- Toussaint, Auguste. History of Mauritius, translated by W.E.F. Ward, Macmillan Publishers, England, 1975).
- Vallat, Francis, (ed.). An Introduction to the Study of Human Rights, (Europa Publications, London, 1970).
- Warwick, Donald. Bitter Pills: Population Policies and Their Implimentations in Eight Developing Countries, (Cambridge University Press, Cambridge, 1982).
- Wrong, Dennis, (ed.). Max Weber, (Prentice-Hall Inc., 1970).
- Yin, Robert. Case Study Research: Design and Methods, (Sage Publications, England, 1989).

STUDIES AND OFFICIAL DOCUMENTS

- Annual Digest of Statistics, 1988.
- Annual Digest of Statistics, 1991.
- Annual Digest of Statistics, 1992.
- Bheenick, R. and Hanoomanjee, E. Mauritius: Towards an Industrial Training Strategy, (Editions de L'Ocean Indien, Mauritius, 1988).
- Brookfield, H.C. Mauritius: Demographic Upsurge and

- Prospects, in Population Studies, Vol.11, No.2, 1957.
- Chettle, J.C. Feeding in Infirmarys and Orphanages, 1947.
- Directory 1990: Mauritius Council of Social Service, 1990.
- Directory of Social Services, 1994.
- Emigration From India, 1942.
- Hazareesingh, K. Memorandum on Social Welfare to the Colonial Secretary, 1948.
- Legislative Council Debates, 11.4.61.
- Legislative Council Debates, 18.4.61.
- Luce, R.W. Report on Unemployment, Employment and Underemployment, Sessional Paper No. 7 of 1958.
- Meade, J.E. et al. The Economics and Social Structure of Mauritius, Sessional Paper No.7 of 1960.
- Minutes of Evidence, 1910.
- National Health Service and Community Care Act 1990, London, HMSO, 1994.
- Report of the Director of Audit, No.3 of 1988.
- Report of the Committee on Population (1953-54).
- Report of the Committee of Ministers (1957).
- Report of Mauritius Royal Commission, 1909.
- Report of the Commission on Unrest on Sugar Estate in Mauritius (1958).
- The Children Act 1989, London, HMSO, 1991.
- The Citizen's Charter, (CM1899, London, 1991).
- The Prime Minister's Budget Speech, 1991-1992.
- Titmuss, Richard M., and Abel-Smith, Brian. Social Policies and Population Growth, Sessional Paper No. 6 of 1960.

JOURNALS

- Blair, Tony. Socialism, Fabian Pamphlet No. 565.
- Burton Benedict, Burton. Mauritius at the Crossroads, British Journal of Sociology, Vol.X11, No.4, 1961.
- Choolun, R. Short Communication; the Population's Changing Needs and Demands, International Journal of Health Planning and Management, Vol.4, No.1, January 1989).
- Parahoo, Kader A. Early Colonial Health Development in Mauritius, University of Ulster, Northern Ireland, 1986).
- Mookkerji, S.B. Indians in Mauritius (1842-1870), Indian International Quarterly, Vol.32, 1959.
- Sussman, Linda K. Unity in Diversity in a Polyethnic Society: The Maintenance of Medical Pluralism on Mauritius, Social Science and Medicine, No.3, July 1981.
- Tinker, Hugh. Between Africa, Asia and Europe: Mauritius: Cultural Marginalism and Political Control, African Affairs, Vol.76, 1977.
- World Health, June 1989.

NEWSPAPERS

- Financial Times, 14.9.1992.
- L'Express, 13.3.1992.
- L'Express, 21.3.1992.
- L'Express, 7.11.1994.
- L'Express, 9.11.1994.
- L'Express, 11.11.1994.
- L'Express, 14.11.1994.
- L'Express, 15.11.1994.
- L'Express, 23.11.1994.
- L'Express, 24.11.1994.

L'Express, 1.12.1994.
L'Express, 16.12.1994.
L'Express, 17.12.1994.
L'Express, 18.11.1994.
Le Mauricien, 19.3.1990.
Le Mauricien, 15.1.1992.
Le Mauricien, 31.12.1994.
Le Trident, 10 - 24. 4. 1994.
Le Trident, 9 - 22. 5. 1994.
Le Trident, 17.7.1994.
Mauritius News, July 1989.
Mauritius News, September, 1991.
Mauritius News, December, 1993.
Mauritius News, May 1994.
Mauritius News, January/February, 1995.
The Guardian, 23.4.1992.
Week-End, 29.3.1992.
Week-End, 16.10.1994.